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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05213** **(6)**

1. Corporation Name

VENETIAN ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3256 WHITE IBIS CT PUNTA GORDA FL 33950 US	265 TAMIAMI TRL PUNTA GORDA FL 33950-4444 US

3. Date Incorporated or Qualified: **09/18/1984**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2472425** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREENE, JOAN F.
265 TAMIAMI TRL
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☒ DELETE	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	SANCHEZ, MARY LOU		1.2 NAME	Barbara Andrews	
STREET ADDRESS	3256 WHITE IBIS CT 21B		1.3 STREET ADDRESS	3256 White Ibis Ct #322	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP	Punta Gorda Fl 33950	
TITLE	TD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MACAULEY, THOMAS		2.2 NAME	Jane Walsh	
STREET ADDRESS	3256 WHITE IBIS CT 25B		2.3 STREET ADDRESS	3256 White Ibis Ct #421	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	Punta Gorda Fl 33950	
TITLE	PD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	MCCORMICK, RAELYN		3.2 NAME	Judith Rodriguez	
STREET ADDRESS	3256 WHITE IBIS CT 321		3.3 STREET ADDRESS	11 Lower Pond Rd	
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP	Water Mill NY 11976	
TITLE	SD	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	COULSON, CRAIG		4.2 NAME	Coulson Craig	
STREET ADDRESS	3256 WHITE IBIS CR 15A		4.3 STREET ADDRESS	3256 White Ibis Cr. 15A	
CITY-ST-ZIP	PUNTA GORDA FL		4.4 CITY-ST-ZIP	Punta Gorda, Fl.	
TITLE		☐ DELETE	5.1 TITLE	TD	☐ Change ☐ Addition
NAME			5.2 NAME	Joseph McComiskey	
STREET ADDRESS			5.3 STREET ADDRESS	3256 White Ibis Ct #138	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Punta Gonda Fl 33950	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.