FILE NOW: FILING FEE IS $61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 33952 US

3. Date Incorporated or Qualified: 09/18/1984

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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		☐ Change ☐ Addition
NAME	ANDREWS, BARBARA		1.2 NAME		
STREET ADDRESS	3256 WHITE IBIS CT., #322		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WALSH, JAYNE		2.2 NAME	WALTER ZANUSSI	
STREET ADDRESS	3256 WHITE IBIS CT., #421		2.3 STREET ADDRESS	1335 Rock Dove Cr #122	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	Punta Gorda Fl	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RODRIQUEZ, JUDITH		3.2 NAME		
STREET ADDRESS	11 LOWER POND RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WATER MILL NY		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	PR	☐ Change ☒ Addition
NAME	COULSON, CRAIG		4.2 NAME	Richard Foster	
STREET ADDRESS	3256 WHITE IBIS CR 15A		4.3 STREET ADDRESS	3256 White Ibis Court #324	
CITY-ST-ZIP	PUNTA GORDA FL		4.4 CITY-ST-ZIP	Punta Gorda Fl	
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	MCCOMISKEY, JOSEPH		5.2 NAME	Mary Lou Sanchez	
STREET ADDRESS	3256 WHITE IBIS CT., #138		5.3 STREET ADDRESS	3256 White Ibis Court #218	
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST-ZIP	Punta Gorda Fl	
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 (10/97)

14. I 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.

SIGNATURE: Mary Lou Sanchez