## 2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)					FILED Mar 06, 2001 8:00 am Secretary of State					
DOCUMENT # N05213  1. Entity Name										
VENETIAN ISLES CONDOMINIUM ASSOCIATION, INC.						03-06-2001				
Principal Place of Business Mailing Address										
3256 WHITE IBIS CT PUNTA GORDA FL 33950 US		265 TAMIAMI TRL PUNTA GORDA FL 33952 US			<b>     </b>		30914	(	1() <b>() ()</b> () ()	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	TE IN THIS SI	PACE		
City & State	e	City & State			4. FEI Number 59-2472425 Applied For Not Applicable					
Zip	Country				5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
				Name						
GREENE, JOAN F. 265 TAMIAMI TRL			Street /	Address (P.	O. Box Numbe	r is Not Acceptable	e) 			
	ORDA FL 33950		City		FL Zip C				•	
8. The above named entity submits this statement for the purpose of changing its register										
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.)    Pluck					May Be		DATE  Check P  partment			
10.	OFFICERS AND DIF	RECTORS	11.		DITIONS/CHA	NGES TO OFFICE	RS AND DIR	ECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRUGIO, GEORGE 3256 WHITE IBIS CT PUNTA GORDA FL 33450	· CA Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ROBO BASC PUNT	, white	broeck lb/s c7	4132	Change	Addition	
TITLENAME STREET ADDRESS	SD ZANUSSI, WALTER- 1334 ROCK DOVE CT #122	Delete	TITLE NAME STREET ADDRESS	50	: 72			Change	Addition	
CITY-ST-ZIP	PUNTA GORDA FL		CITY-ST-ZIP	Tunz	A Gord	in Fla	3410			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOSTER, RICHARD 3256 WHITE IBIS CT #324 PUNTA GORDA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD				K. Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANCHEZ, MARY L 3256 WHITE IBIS CT #218 PUNTA GORDA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	705E 5300	ALM4	HEZ r Dr de Pl 3	इ.५.७	<b>Change</b>	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jue	Ring White	lbis C7 J	44	Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	:	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE: SIGNATURE: