

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0047379

DOCUMENT # N05213

1. Entity Name

VENETIAN ISLES CONDOMINIUM ASSOCIATION, INC.

03-20-2002 90057 015 ****61.25

Principal Place of Business

Mailing Address

3256 WHITE IBIS CT
 PUNTA GORDA FL 33950
 US

265 TAMiami TrL
 PUNTA GORDA FL 33952
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2472425

Applied For

Not Applicable

Zip

Country

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

GREENE, JOAN F.
265 TAMiami TrL
PUNTA GORDA FL 33950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TENBROECK, ROBERT 3256 WHITE IBIS CT # 326 PUNTA GORDA FL 33950	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, DENNIS 1335 ROCK DOVE CT- # 111 PUNTA GORDA FL 33950	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, RICHARD 3256 WHITE IBIS CT #324 PUNTA GORDA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANCHEZ, JOSE 5300 ALMER DRIVE PUNTA GORDA FL 33950	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RING, JOE 3256 WHITE IBIS CT# 42 PUNTA GORDA FL 33950	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert ANDERSON 1335 ROCK DOVE CT #122 PUNTA GORDA FL 33952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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.

SIGNATURE: *R. Ten Broeck* **3/6/02** **941-506-7960**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)