## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 22, 2004 8:00 am Secretary of State

					, becletally of blace				
DOCUMENT # N05213  1. Entity Name VENETIAN ISLES CONDOMINIUM ASSOCIATION, INC.					(	03-22-2004	4 90022 03	31 ****6	1.25
Principal Place of Business Mailing Address									
3256 WHITE IBIS CT 265 TAMIAMI TRL				[					
PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33952 U			2 US	l				5403	2012(
						9 JULE 1939 J. 1986 J. II	H MAHI MAHI DIRMI		
O Original Disease of Consisses	9.44	III A.d.d							
2. Principal Place of Business		3. Mailing Address			i ipatifigi bit aşırı	AINE KAN IKEEN K	M BYANI BYAN BIBN I	NEN FISH CERN	Wi M m M
Duite And Waste		100 SULLIVAN ST							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03092004 CI	hg-NP	CR2E037	(10/03)	
City & State	Ci	City & State			4. FEI Number			I IApr	olied For
City d Guile		Pullan Gooda			59-247242	25			Applicable
Zip	Country Zi	2	Country		E Continue of St		<u>\$</u>	8.75 Addit	tional
		33.950	45		5. Certificate of St	aius Cesireo	, LI É	e Required	
6. Name and	7. Name and Add	ress of New I	Registered Ag	ent					
GREENE, JOAN F.			Name /0c	, ,	ULLIV GA				
265 TAMIAMI TRL				Street Address (P.O. Box Number is Not Acceptable)					
PUNTA GORDA, FL 33950			\$71	e /	12-		<del></del>		
			City Pu		Gorda		EI	Zip Code	
						1 -	739	<del>-</del>	
<ol> <li>The above named entity sultended the obligations of registered</li> </ol>	bmits this statement for the purp	oose of changing its re	gistered office or	registere	ed agent, or both, in	the State of Fl	lorida. I am fai	miliar with, a	ind accept
ine obaguiona di regioterea	agent.								
SIGNATURE	mied name of registered agent and title 4 ap	nicable (NOTF: Bo	egistered Agent signatu	re recurred	when renstation)		DATE		
	•	*				h		0.00.000000.000.000.000	
Filing Fee is \$61.25 9. Election Ca					\$5.00 May Be		Aake check p		
Due by May	Trust Fund Contribution.			Added to Fees	Flo	rida Departn	ent of Sta	rte .	
10. OFFICERS AND DIRECTORS 11.			11.	A	DDITIONS/CHANG	ES TO OFFICE	RS AND DIRE	CTORS IN	10
TITLE PD Delete TITLE		TITLE				{	Change	Addition	
NAME TENBROECK, ROBERT NAM		NAME				_	-	_	
STREET ADDRESS 3256 WHITE IBIS CT # 326		STREET ADDRESS							
CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST									
							<del> </del>		

STREET ADDRESS CITY-ST-ZIP	3256 WHITE IBIS CT # 326 PUNTA GORDA, FL 33950	STREET ADORESS CITY-ST-ZIP			
TITLE NAME STREET ADORESS CITY-ST-ZIP	SD Delete BROWN, DENNIS 1335 ROCK DOVE CT. # 111 PUNTA GORDA, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete ANDERSON, ROBERT 1335 ROCK DOVE CT #122 PUNTA GORDA, FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tudy Rodriquez # 425 325Whitelbis C7 PUNTA GORDA Fl 33950	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR DEED 3/17/04 946-605-79 50