2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N05213

Entity Name: VENETIAN ISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3256 WHITE IBIS CT
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

100 SULLIVAN ST.
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 59-2472425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, JOAN F.
100 SULLIVAN ST., STE 112
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

GREENE, JOAN
100 SULLIVAN ST., STE 112
PUNTA GORDA, FL 33950 US

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: JOAN GREENE 04/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: TENBROECK, ROBERT
Address: 3256 WHITE IBIS CT # 326
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPD ( ) Delete
Name: CHESTER, KEN
Address: 1335 ROCK DOVE CT 121
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD ( ) Delete
Name: RODRIGUEZ, JUDY
Address: 3256 WHITE 1815 CT
City-St-Zip: PUNTA GORDA, FL 33950

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: TEN BROECK, ROBERT
Address: 3256 WHITE IBIS CT # 326
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: VPD (X) Change ( ) Addition
Name: CHESTER, KEN
Address: 1335 ROCK DOVE CT #121
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: TD (X) Change ( ) Addition
Name: CARLSON, VERN
Address: 3021 MINOT LANE
City-St-Zip: WAUKESHA, WI 53188 US

Title: D ( ) Change (X) Addition
Name: DETTOR, RALPH
Address: 19 OAK RIDGE CT
City-St-Zip: LUTHERVILLE, MD 21093 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT TEN BROECK PRES 04/13/2009
Electronic Signature of Signing Officer or Director Date