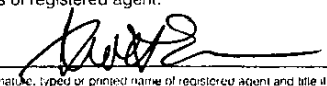



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90026 048 \*\*\*\*\*70.00

<b>DOCUMENT # N05466</b> 1. Entity Name <b>VENICE ISLE HOME OWNERS, INC.</b>					
Principal Place of Business <b>C/O WILLIAM R. KORP.          333 S. TAMiami TrL., SUITE 199          VENICE, FL 34292 US</b>			Mailing Address <b>VENICE ISLES MHO INC.          333 S. TAMiami TrL., SUITE 199          VENICE, FL 34285 US</b>		
2. Principal Place of Business - No P.O. Box # <b>603 ROMA ROAD</b>		3. Mailing Address <b>603 ROMA ROAD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>VENICE, FLORIDA</b>		City & State <b>VENICE, FLORIDA</b>		4. FEI Number <b>59-1203149</b>	
Zip <b>34285</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KORP, WILLIAM R.          333 S. TAMiami TrL., SUITE 199          VENICE, FL 34285</b>			7. Name and Address of New Registered Agent Name <b>GORDON, SCOTT E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>ONE SARASOTA TOWER</b> <b>TWO NORTH TAMiami TRAIL - SUITE 500</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34236</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		<b>SCOTT E. GORDON</b>		<b>1-31-08</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to          Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CORBUS, MARNA</b> <b>217 VIA VENETO</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DORRANCE, KENNETH</b> <b>423 VASTO DR</b> <b>VENICE, FL 34285</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KELLY, FRANCIS</b> <b>956 CORTINA BLVD</b> <b>VENICE, FL 34285</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BURKHOLDER, RONALD</b> <b>518 CERVINA DR N</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, JAMES</b> <b>782 CERVINA DR N</b> <b>VENICE, FL 34285</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>STANHOPE, NANCY</b> <b>502 CERVINA DR N</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOWELL, DAVID</b> <b>414 CERVINA DR S</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KELLY, FRANCIS</b> <b>956 CORTINA BLVD</b> <b>VENICE, FL 34285</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MILLER, JAMES</b> <b>782 CERVINA DR N</b> <b>VENICE, FL 34285</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		<b>MARNA D. CORBUS</b>		<b>2/1/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>941-488-9648</b>	