2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N05466

Entity Name: VENICE ISLE HOME OWNERS, INC.

Current Principal Place of Business:

C/O WILLIAM R. KORP.
603 ROMA ROAD
VENICE, FL 34292 US

New Principal Place of Business:

603 ROMA ROAD
VENICE, FL 34285 US

Current Mailing Address:

VENICE ISLES MHO INC
603 ROMA ROAD
VENICE, FL 34285 US

New Mailing Address:

603 ROMA ROAD
VENICE, FL 34285 US

FEI Number: 59-1203149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GORDON, SCOTT E
ONE SARASOTA TOWER
TWO NORTH TAMIAMI TRAIL SUITE 500
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	CORBUS, MARNA	
Address:	217 VIA VENETO	
City-St-Zip:	VENICE, FL 34285	
Title:	D	( ) Delete
Name:	DOWELL, DAVID	
Address:	414 CERVINA DR S	
City-St-Zip:	VENICE, FL 34285	
Title:	D	( ) Delete
Name:	KELLY, FRANCIS	
Address:	956 CORTINA BLVD	
City-St-Zip:	VENICE, FL 34285	
Title:	VD	( ) Delete
Name:	BURKHOLDER, RONALD	
Address:	518 CERVINA DR N	
City-St-Zip:	VENICE, FL 34285	
Title:	PD	( ) Delete
Name:	MILLER, JAMES	
Address:	782 CERVINA DR N	
City-St-Zip:	VENICE, FL 34285	
Title:	SD	( ) Delete
Name:	STANHOPE, NANCY	
Address:	502 CERVINA DR N	
City-St-Zip:	VENICE, FL 34285	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MARNA CORBUS TD 02/09/2009
Electronic Signature of Signing Officer or Director — Date