2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 8:00 am Secretary of State

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 Name HASTINGS, VIVIEN N Name Street Address (P.O. Box Number is Not Acceptable) 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. Lam familiar with, and acceptable in the obligations of registered agent. SIGNATURE Spraure, typed or printed familied in applicable. (NOTE: Registered Agent spinalure required when remissating) DATE Filling Fee is \$61.25 Due by May 1, 2007 QFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DP CALLENDER, DAN STREET ADDRESS SUN CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP SUN CITY CENTER, FL 33573 Delate Interest Address (P.O. Box Number is Not Acceptable) 5. Certificate of Status Desired Status Desired Agent Address of New Registered Agent Address of New Registered Agent Status Desired Agent Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code (NOTE: Registered Agent, or both, in the State of Florida. Lam familiar with, and acceptable of Plant Agent A	1. Entity Nam TIZIANO	MENT # N0600000 II AT VENETIAN GOLF & F TY OWNERS ASSOCIATION	RIVER CLUB		03-26	5-2007 90054 007	****62.25	
Suite, Apt. #, etc. City & State City & State City & State City & State Country S. Certricate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name HASTINGS, VIVIEN N 24301 WALDEN CENTER DR SUITE 300 BONITA SPTINGS, FL 34134 City Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and acceptable of the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. NAME STREET ADDRESS CITY-ST-2P SUN CITY CENTER, FL 33573 CITY-ST-2P Delete NAME AMAN, ROGER ASTIGET ADDRESS SUN CITY CENTER, FL 33573 Delete City St-2P Country S. Certricate of Status Desired Status	2020 CLUBHOUSE DR 20		2020 CLUBHOUSE DR	2020 CLUBHOUSE DR		60029028		
City & State Ci	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	tiling Address				
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HASTINGS, VIVIEN N 24301 WALDEN CENTER DR SUITE 300 BONITA SPTINGS, FL 34134 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. I am familiar with, and acceptable the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Inte NAME CALLENDER, DAN STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 Delete Inte VD AMME AMAN, ROGER Change Additional Campaign Additional Camp	City & State		City & State			1317306	Applied For Not Applicable	
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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 Signature, typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent signature required when reinstating) PATE Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE DP OAME CALLENDER, DAN STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP ITILE VD OBelete ITILE VD OBelete TITLE VD OBelete TITLE VD OBelete TITLE VD OBELET ORANGE CHange Addit OCHANGE OC	24301 WALDEN CENTER DR SUITE 300							
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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.