

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90041 019 ****61.25

DOCUMENT # N06000001035	
1. Entity Name TIZIANO II AT VENETIAN GOLF & RIVER CLUB PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573	Mailing Address 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4314306	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HASTINGS, VIVIEN N 24301 WALDEN CENTER DR SUITE 300 BONITA SPTINGS, FL 34134	

7. Name and Address of New Registered Agent	
Name	
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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLENDER, DAN	NAME	CARTER, WILLARD
STREET ADDRESS	2020 CLUBHOUSE DR	STREET ADDRESS	154 TIZIANO WAY
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	NORTH VENICE, FL 34275
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMAN, ROGER	NAME	JENNIFER SCHAEFERLAUS
STREET ADDRESS	24301 WALDEN CENTER DR	STREET ADDRESS	150 TIZIANO WAY
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	NORTH VENICE, FL 34275
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, SYLVIA	NAME	BOYSEN, BETTE
STREET ADDRESS	2020 CLUBHOUSE DR	STREET ADDRESS	341 WESTREPLACE
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	NORTH VENICE FL 34275
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

Willard D. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #