## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001035

**Current Principal Place of Business:** 

2020 CLUBHOUSE DR

SUN CITY CENTER, FL 33573

**Current Mailing Address:** 

Apr 09, 2009 Secretary of State

Entity Name: TIZIANO II AT VENETIAN GOLF & RIVER CLUB PROPERTY OWNERS ASSOCIATION, INC.

2477 STICKNEY POINT RD 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573 SUITE 118A SARASOTA, FL 34231 FEI Number: 20-4314306 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HASTINGS, VIVIEN N ARGUS PROPERTY MANGEMENT 24301 WALDEN CENTER DR SUITE 300 2477 STICKNEY POINT RD BONITA SPTINGS, FL 34134 SUITE 118A SARASOTA, FL 34231 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: WALT HAMMERLING 04/09/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

2477 STICKNEY POINT RD

SARASOTA, FL 34231

New Mailing Address:

SUITE 118A

DP () Delete () Change () Addition CARTER, WILLARD Name: Name: 154 TIZIANO WAY Address: Address: City-St-Zip: NORTH VENICE, FL 34275 City-St-Zip:

Title: VD () Delete Title: (X) Change ( ) Addition

AMAN, ROGER Name: GREENBURG, ROBERT Name: Address: 24301 WALDEN CENTER DR Address: 330 MESTRE PLACE City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: NORTH VENICE, FL 34275

Title: STD () Delete Title: VD (X) Change ( ) Addition BOYSEN, BETTE BOYSEN, BETTE Name: Name:

341 MESTRE PLACE Address: Address: 341 MESTRE PLACE City-St-Zip: NORTH VENICE, FL 34275 City-St-Zip: NORTH VENICE, FL 34275

Title: VD (X) Delete Title: () Change () Addition Name:

SCHAEPERKLAUS, JENNIFER Name: Address: 150 TIZIANO WAY Address: City-St-Zip: NORTH VENICE, FL 34275 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: WILLIAM CARTER PD 04/09/2009