## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001770

FILED Jan 12, 2009 Secretary of State

Entity Name: VENEZIA OF ORANGE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7642 PTE VENEZIA DR
ORLANDO, FL 32836
7642 POINTE VENEZIA DR
ORLANDO, FL 32836
ORLANDO, FL 32836

Current Mailing Address: New Mailing Address:

7642 PTE VENEZIA DR 7642 POINTE VENEZIA DR ORLANDO, FL 32836 ORLANDO, FL 32836

FEI Number: 20-5145028 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:

SILLIMAN, WILLIAM M
7642 PTE VENEZIA DR
ORLANDO, FL 32836 US
SILLIMAN, WILLIAM M
7642 POINTE VENEZIA DR
ORLANDO, FL 32836 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: 01/12/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DPS () DeleteTitle:DPS (X) Change () AdditionName:REICHE, ROBERTName:REICHE, ROBERTAddress:7642 PTE VENEZIA DRAddress:7642 POINTE VENEZIA DR

Address: 7642 PTE VENEZIA DR Address: 7642 POINTE VENEZIA D
City-St-Zip: ORLANDO, FL 32836 City-St-Zip: ORLANDO, FL 32836

(X) Change ( ) Addition Title: () Delete Title: Name: SILLIMAN, WILLIAM M Name: SILLIMAN, WILLIAM M Address: 7642 PTE VENEZIA DR Address: 7642 POINTE VENEZIA DR City-St-Zip: ORLANDO, FL 32836 City-St-Zip: ORLANDO, FL 32836

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: ROBERT B. REICHE P 01/12/2009