

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-31-2007 90051 020 ****61.25

DOCUMENT # N06000006649 1. Entity Name THE VENETIAN AT HOLLYWOOD HILLS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10139 NW 31 ST - # 102 CORAL SPRINGS, FL 33065			Mailing Address 10139 NW 31 ST - # 102 CORAL SPRINGS, FL 33065		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAIZEN, LAWRENCE F ESQ 1820 N CORPORATE LAKES BLVD # 203 WESTON, FL 33326				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 reappointing)					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD		TITLE		
NAME	NATHANSON, ERIC		NAME		
STREET ADDRESS	10139 NW 31 ST - # 102		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	VPD		TITLE		
NAME	GROSSER, ZACHARY		NAME		
STREET ADDRESS	10139 NW 31 ST - # 102		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	STD		TITLE		
NAME	RIVERA, MARISOL		NAME		
STREET ADDRESS	10139 NW 31 ST - # 102		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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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: _____			1/12/07 954-735-8000 Signature and typed or printed name of signing officer or director		