


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90183 047 \*\*\*\*61.25

DOCUMENT # N06000009194															
<b>1. Entity Name</b> VENETIAN ISLE HOA, INC.															
<b>Principal Place of Business</b> 1507 E. CONCORD STREET ORLANDO, FL 32803			<b>Mailing Address</b> 1507 E. CONCORD STREET ORLANDO, FL 32803												
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
City & State		City & State													
Zip	Country	Zip	Country	04282008    Chg-NP    CR2E037 (12/06)											
<b>4. FEI Number</b> 26-0389491				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable											
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>											
<b>6. Name and Address of Current Registered Agent</b>															
DICKSON, RUSSELL K JR. 20 N. ORANGE AVE. 1500 ORLANDO, FL 32802				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Name</td> <td style="padding: 2px;">Tony M. Benge, Jr.</td> </tr> <tr> <td style="padding: 2px;">Street Address</td> <td style="padding: 2px;">1507 E. Concord Street</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Orlando, FL 32803</td> </tr> <tr> <td style="padding: 2px;">State</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip</td> <td style="padding: 2px;">32802</td> </tr> </table>		Name	Tony M. Benge, Jr.	Street Address	1507 E. Concord Street	City	Orlando, FL 32803	State	FL	Zip	32802
Name	Tony M. Benge, Jr.														
Street Address	1507 E. Concord Street														
City	Orlando, FL 32803														
State	FL														
Zip	32802														
<b>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.</b>															
SIGNATURE <u>X Tony M Benge</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				4/28/08 <small>DATE</small>											
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>											
<b>Make check payable to Florida Department of State</b>															
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>												
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME	DICKSON, RUSSELL K JR.		NAME												
STREET ADDRESS	20 N. ORANGE AVE., STE. 1500		STREET ADDRESS												
CITY-STATE-ZIP	ORLANDO, FL 32802		CITY-STATE-ZIP												
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME	BENGE, TONY M JR.		NAME												
STREET ADDRESS	1507 E. CONCORD STREET		STREET ADDRESS												
CITY-STATE-ZIP	ORLANDO, FL 32803		CITY-STATE-ZIP												
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME	TIECHE, STEPHEN C		NAME												
STREET ADDRESS	1507 E. CONCORD STREET		STREET ADDRESS												
CITY-STATE-ZIP	ORLANDO, FL 32803		CITY-STATE-ZIP												
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
NAME			NAME												
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NAME			NAME												
STREET ADDRESS			STREET ADDRESS												
CITY-STATE-ZIP			CITY-STATE-ZIP												
<b>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.</b>															
SIGNATURE: <u>X [Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/08    407-770-0155 <small>Date    Daytime Phone #</small>												