

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90248 006 ****61.25

DOCUMENT # N06000009403 1. Entity Name VILLAS AT VENEZIA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4155 SOUTHWEST 130TH AVENUE SUITE 201 MIAMI, FL 33175		Mailing Address 4155 SOUTHWEST 130TH AVENUE SUITE 201 MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box # 27180 Bay Landing Dr		3. Mailing Address 27180 Bay Landing Dr	
Suite, Apt. #, etc. 4		Suite, Apt. #, etc. 4	
City & State Bonita Springs FL		City & State Bonita Springs FL	
Zip 34135		Zip 34135	
Country USA		Country USA	
4. FEI Number 13-4342058		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABALLERO, MARCIA B ESQ. 9192 CORAL WAY SUITE 201 MIAMI, FL 33165		7. Name and Address of New Registered Agent Name John O'Gorman Street Address (P.O. Box Number is Not Acceptable) 27180 Bay Landing Dr. Ste 4 City Bonita Springs FL Zip Code 34135	
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:		DATE: 4/30/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 NAME STREET ADDRESS CITY-ST-ZIP	PSD ADRIAN, ALVARO L 4155 SOUTHWEST 130TH AVENUE #201 MIAMI, FL 33175	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADRIAN, PEDRO 4155 SOUTHWEST 130TH AVENUE #201 MIAMI, FL 33175	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRA, ARMANDO 4155 SOUTHWEST 130TH AVENUE #201 MIAMI, FL 33175	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: 4/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 239-947-4552	

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