2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011096

FILED Jan 05, 2007 Secretary of State

Entity Name: VENETIAN VILLAGE II CONDOMINIUM ASSOCIATION, INC.

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

3415 SHADY RUN ROAD 3972 W. EAU GALLIE BLVD. MELBOURNE, FL 32934

SUITE A

MELBOURNE, FL 32934

Current Mailing Address: New Mailing Address:

3972 W. EAU GALLIE BLVD. 3415 SHADY RUN ROAD MELBOURNE, FL 32934 SUITE A

MELBOURNE, FL 32934

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

MOSLEY, CURTIS R ESQ. 1221 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901

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:

Name:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete WELSH, KEN R Name: WELSH, KEN R

3415 SHADY RUN ROAD Address: 3972 W. EAU GALLIE BLVD. SUITE A Address:

MELBOURNE, FL 32934 City-St-Zip: City-St-Zip: MELBOURNE, FL 32934

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

ROBERTSON, DAVID B Name: Name: ROBERTSON, DAVID B Address: 8580 EDEN ISLES LANE Address: 4737 CANARD ROAD City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MELBOURNE, FL 32934

Title: () Delete Title: () Change () Addition

KIRSCHNER, STANLEY M SR. Name: Name: Address: 739 LOGGERHEAD DRIVE Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KEN R. WELSH PD 01/05/2007