


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90164 020 ****61.25

DOCUMENT # N06000011735 1. Entity Name LAGUNA VENETO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1819 MAIN ST., STE. 610 SARASOTA, FL 34236				Mailing Address 1819 MAIN ST., STE. 610 SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box # 2418 AVENUE C #600		3. Mailing Address PO Box 379			
Suite, Apt. #, etc. #600		Suite, Apt. #, etc.			
City & State BRADENTON BEACH, FL		City & State BRADENTON BEACH, FL		4. FEI Number 20-8286599	
Zip 34217		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 34217		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INVERSO, DARREN R. 1819 MAIN ST., STE. 610 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name DEAN HOLMSTROM Street Address (P.O. Box Number is Not Acceptable) 2418 AVENUE C #600 City BRADENTON BEACH FL Zip Code 34217	
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 <u><i>D. Dean Holmstrom</i></u> 4-29-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLMSTROM, DELMORE D. <input type="checkbox"/> Delete 1819 MAIN ST., STE. 610 SARASOTA, FL 34236				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLMSTROM, ZACHERY D. <input type="checkbox"/> Delete 1819 MAIN ST., STE. 610 SARASOTA, FL 34236				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WARNER, SHANNA L. <input checked="" type="checkbox"/> Delete 1819 MAIN ST., STE. 610 SARASOTA, FL 34236				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLMSTROM, DELMORE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2418 AVENUE C #600 BRADENTON BEACH FL 34217				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>D. Dean Holmstrom</i></u> 4-29-08 941 778-8185 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					