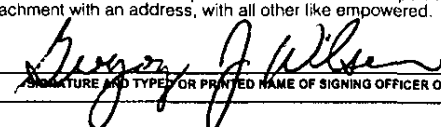


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90096 025 ****61.25

DOCUMENT # N20110 1. Entity Name VENETIA TOWNHOMES & VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2272 VENETIA PLACE INDIALANTIC, FL 32903 US			Mailing Address 2272 VENETIA PLACE INDIALANTIC, FL 32903 US		
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	4. FEI Number 59-2788436	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIEGIEL, HENRY 2291 VENETIA PLACE INDIALANTIC, FL 32903			Name WILSON GREG Street Address (P.O. Box Number is Not Acceptable) 2292 VENETIA PLACE City INDIALANTIC FL Zip Code 32903		
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 _____ <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, 2007		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	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEGIEL, HENRY		NAME		
STREET ADDRESS	2291 VENETIA PLACE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, GREG		NAME		
STREET ADDRESS	2292 VENETIA PLACE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DVP HENDRY GREG - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEWART, JACKIE		NAME	HENDRY GREG -	
STREET ADDRESS	2277 VENETIA PLACE		STREET ADDRESS	2288 VENETIA PLACE	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	CLIFFORD, KEVIN		NAME		
STREET ADDRESS	2287 VENETIA PLACE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		
NAME	ARMSTRONG, BARBARA		NAME		
STREET ADDRESS	2280 VENETIA PLACE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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: 			23 APR 07 321 506 9464		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		