


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N20110		
1. Entity Name VENETIA TOWNHOMES & VILLAS HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 2272 VENETIA PLACE INDIANLANTIC, FL 32903 US	Mailing Address 2272 VENETIA PLACE INDIANLANTIC, FL 32903 US	



01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2788436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILSON, GREG 2292 VENETIA PLACE INDIALANTIC, FL 32903

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIEGIEL, HENRY 2291 VENETIA PLACE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, GREG 2292 VENETIA PLACE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENDRY, GREG 2288 VENETIA PLACE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFFORD, KEVIN 2287 VENETIA PLACE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARMSTRONG, BARBARA 2280 VENETIA PLACE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000837718
03/05/08-80002-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Gregory J. Wilson

Gregory J. Wilson

1/31/08

321-506-9464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #