FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23713 (3)

1. Corporation Name

THE COTILLION CLUB OF VENICE, INC.

Principal Place of Business	Mailing Address
C/O JO LYNNE NAVARRO 820 LA GUNA DRE VENICE FL 34293 US	C/O JO LYNNE NAVARRO 820 LA GUNA DR VENICE FL 34285 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1987
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0032244 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 C/O DEBBY SCHULTEN	26 C/O DEBBY SCHULTEN
Suite, Apt. #, etc. 22 800 LAGUNA DRIVE	Suite, Apt. #, etc. 27 800 LAGUNA DRIVE
City & State 23 VENICE, FL.	City & State 28 VENICE, FL.
Zip 24 34285 Country 25 U S	Zip 29 34285 Country 30 U S

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POWERS, HELGA 1315 BAYSHORE DR ENGLEWOOD FL 34223	01 Name 02 Street Address (P.O. Box Number Is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☒ Change ☐ Addition
NAME	SUMMERLEE, PAT	1.2 NAME	PD
STREET ADDRESS	1454 SOUTHBAY DR	1.3 STREET ADDRESS	Schulten, Debby
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	800 La Guna Drive,Venice, FL,34285
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	SCHULTEN, DEBORAH	2.2 NAME	VD
STREET ADDRESS	800 LA GUNA DR	2.3 STREET ADDRESS	Reid,Sarah
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	1524 Danforth Lane,Osprey,FL 34229
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	NAVARRO, JO-LYNNE	3.2 NAME	
STREET ADDRESS	820 LA GUNA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	POWERS, HELGA	4.2 NAME	
STREET ADDRESS	1315 BAYSHORE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helga Powers - HELGA POWERS 3/15/95 (863) 475-8945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TD

0004310