

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N23713** (3)

1. Corporation Name

THE COTILLION CLUB OF VENICE, INC.



Principal Place of Business

Mailing Address

% DEBBY SCHULTEN
800 LAGUNA DR
VENICE FL 34285
US

% DEBBY SCHULTEN
800 LAGUNA DR
VENICE FL 34285
US

3. Date Incorporated or Qualified
12/03/1987

3a. Date of Last Report
04/21/1995

4. FEI Number
65-0032244

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **SARAH REID**

26 **SARAH REID**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1524 Danford Lane**

27 **1524 Danford Lane**

City & State

City & State

23 **Osprey, FL. 34229**

28 **Osprey, FL. 34229**

Zip Country

Zip Country

24 **Sarasota**

29 **Sarasota**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWERS, HELGA
1315 BAYSHORE DR
ENGLEWOOD FL 34223**

81 Name

MARSHA HUNT

82 Street Address (P.O. Box Number is Not Acceptable)

464 Ramsey RD.

83

84 City

Venice

FL

85 Zip Code
34292

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

HELGA POWERS

(NOTE: Registered Agent signature required when transferring)

3-11-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PD
SCHULTEN, DEBBY**
STREET ADDRESS
800 LAGUNA DR
CITY-ST-ZIP
VENICE FL

11 TITLE ☐ Change ☐ Addition

12 NAME
**PD
SARAH REID**
13 STREET ADDRESS
1524 Danford Lane, OSPREY, FL. 34229
14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
**VD
REID, SARAH**
STREET ADDRESS
154 DANFORTH LANE
CITY-ST-ZIP
OSPREY FL

21 TITLE ☒ Change ☐ Addition

22 NAME
**VD
DARIA SMITH**
23 STREET ADDRESS
1031 Cumberland Lane, VENICE, FL. 34293
24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
**TD
POWERS, HELGA**
STREET ADDRESS
1315 BAYSHORE DR
CITY-ST-ZIP
ENGLEWOOD FL

31 TITLE ☒ Change ☐ Addition

32 NAME
**TD
MARSHA HUNT**
33 STREET ADDRESS
464 Ramsey RD. Venice, FL. 34292
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

Date

941-4759845

Daytime Phone #

CR2E037 (12/95)