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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23713

1. Corporation Name

THE COTILLION CLUB OF VENICE, INC.

Principal Place of Business

REID, SARAH
1524 DANFORD LANE
OSPREY FL 34229
US

Mailing Address

REID, SARAH
1524 DANFORD LANE
OSPREY FL 34229
US

524600-90066-18



2. Principal Place of Business

21 **Mrs. Barbara Gaunt**

Suite, Apt. #, etc.

22 **386 Autumn Chase Dr**

City & State

23 **Venice, FL 34292**

Zip Country

24 **34292** 25 **US**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

29 **34292** 30 **US**

3. Date Incorporated or Qualified

12/03/1987

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

9. Name and Address of Current Registered Agent

HUNT, MARSHA
464 RAMSEY RD
VENICE FL 34292

10. Name and Address of New Registered Agent

81

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **NOVAK, LESLIE**
STREET ADDRESS **619 POINSETTA DRIVE**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **VD** ☒ DELETE
NAME **SMITH, DARIA**
STREET ADDRESS **1031 CUMBERLANE RD**
CITY-ST-ZIP **VENICE FL**

TITLE **TD** ☐ DELETE
NAME **CLINCH, BOBBIE**
STREET ADDRESS **592 FLAMINGO DRIVE**
CITY-ST-ZIP **VENICE FL 34285**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Mrs. Barbara Gaunt**
1.3 STREET ADDRESS **386 Autumn Chase Dr**
1.4 CITY-ST-ZIP **Venice, FL 34292**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **Mrs Linda Ellis**
2.3 STREET ADDRESS **1384 Roosevelt Drive**
2.4 CITY-ST-ZIP **Venice, FL 34293**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: **Bobbie O. Clinch**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 941-488-2752

CR2E037 (11/98)