2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23713

FILED Jan 29, 2005 Secretary of State

Entity Name: THE COTILLION CLUB OF VENICE, INC.

Current Principal Place of Business: New Principal Place of Business:

LYNN MOSELEY TIFFANY TAYLOR

608 VALENCIA 421 HUNT RIDGE DRIVE VENICE, FL 34285 US VENICE, FL 34292 US

Current Mailing Address: New Mailing Address:

C/O COTILLION CLUB
P.O. BOX 1722
P.O. BOX 1722
VENICE, FL 34285 US

C/O COTILLION CLUB
P.O. BOX 1722
VENICE, FL 34284 US

FEI Number: 65-0032244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOSELEY, LYNN
608 VALENCIA RD
VENICE, FL 34285 US
TAYLOR, TIFFANY
421 HUNT RIDGE DRIVE
VENICE, FL 34292 US

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.

SIGNATURE: TIFFANY TAYLOR 01/29/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: TD () Delete Title: TD (X) Change () Addition

 Name:
 GRENFIELD, ROSIE
 Name:
 COX, KRISTINE

 Address:
 420 VENEZIA
 Address:
 748 EAGLE POINT DRIVE

 City-St-Zip:
 VENICE, FL 34285
 City-St-Zip:
 VENICE, FL 34285

Title: SD () Delete Title: () Change () Addition

 Name:
 WALDRON, DEBBIE
 Name:

 Address:
 130 BAYVIEW DR
 Address:

 City-St-Zip:
 VENICE, FL 34292
 City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition Name: MOSELEY, LYNN Name: TAYLOR, TIFFANY

 Address:
 608 VALENCIA
 Address:
 421 HUNT RIDGE

 City-St-Zip:
 VENICE, FL 34285
 City-St-Zip:
 VENICE, FL 34292

 $\label{eq:title: VD () Delete Title: VD (X) Change () Addition} \end{minipage}$

Name:TAYLOR, TIFFANYName:HAGAN, EMAddress:421 HUNT RIDGE DRAddress:410 AUTUMN CHASE DRIVE

City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINE W. COX TD 01/29/2005