

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90025 018 ****61.25



DOCUMENT # N23713
 1. Entity Name
THE COTILLION CLUB OF VENICE, INC.

Principal Place of Business
KRISTINE COX
748 EAGLE POINT DRIVE
VENICE, FL 34285 US

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



2. Principal Place of Business - No P.O. Box #
Cindy Farr
 Suite, Apt. #, etc.
453 Bayshore Dr
 City & State
Venice

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
34285 Country
USA

03102008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0032244 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COX, KRISTINE W
748 EAGLE POINT DRIVE
VENICE, FL 34285

7. Name and Address of New Registered Agent
 Name
Cindy Farr
 Street Address (P.O. Box Number is Not Acceptable)
453 Bayshore Dr.
 City
Venice FL Zip Code
34285

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: *Cynthia N. Jan* DATE: 3-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PR	<input type="checkbox"/> Delete
NAME	COX, KRISTINE	
STREET ADDRESS	748 EAGLE POINT DRIVE	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALDRON, DEBBIE	
STREET ADDRESS	130 BAYVIEW DR	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	TR	<input type="checkbox"/> Delete
NAME	STEWART, MAGGIE	
STREET ADDRESS	626 CADIZ ROAD	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurie BO	
STREET ADDRESS	314 Lenain Drive	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cindy Farr	
STREET ADDRESS	453 Bayshore Dr.	
CITY-ST-ZIP	Venice, FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Cynthia N. Jan* DATE: 3-10-08 DAYTIME PHONE #: 941-493-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR