

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90192 033 ****61.25

DOCUMENT # N24794
 1. Entity Name
VENETIAN PARK ESTATES, INC.



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| Principal Place of Business 8885 S TAMiami TR SARASOTA, FL 34238 US | Mailing Address 8885 S TAMiami TRAIL SARASOTA, FL 34238 US |
|---|--|

60036136



03092008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0047204 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent
 DOMBER, HARLAN A
 3900 CLARK RD
 STE L-1
 SARASOTA, FL 34233

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

Filing Fees \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ANDREWS, JAMES JAY 2157 GONDOLA DRIVE SARASOTA, FL 34238 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS WAKEMAN, HAROLD 2167 CADORO DR SARASOTA, FL 34238 <i>Remove</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT ANDERSON, MICHAEL 2132 GANDOLA DRIVE SARASOTA, FL 34238 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATTHEWS, FRANK 2084 CADORO DRIVE SARASOTA, FL 34238 <i>JERRY RALSTON</i> <i>2139 PIAZZA DR.</i> <i>SARASOTA, FL 34238</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP ALGER, MARYEL 2261 PIAZZA DRIVE SARASOTA, FL 34238 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARSEL, ANNA 2169 PALAZZA DRIVE SARASOTA, FL 34238 |

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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: *James J. Andrews* - PRESIDENT 2/14/08 941-966-4622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #