

**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.



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)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 DP
NAME ANDREWS, JAMES JAY
STREET ADDRESS 2157 GONDOLA DRIVE
CITY-ST-ZIP SARASOTA, FL 34238

TITLE DS
NAME WAKEMAN, HAROLD
STREET ADDRESS 2167 CADORO DR
CITY-ST-ZIP SARASOTA, FL 34238 *Remove*

TITLE DT
NAME ANDERSON, MICHAEL
STREET ADDRESS 2132 GANDOLA DRIVE
CITY-ST-ZIP SARASOTA, FL 34238

TITLE D
NAME MATTHEWS, FRANK
STREET ADDRESS 2084 CADORO DRIVE
CITY-ST-ZIP SARASOTA, FL 34238 *JERRY RALSTON
2139 PIAZZA DR.
SARASOTA, FL 34238*

TITLE DVP
NAME ALGER, MARYEL
STREET ADDRESS 2261 PIAZZA DRIVE
CITY-ST-ZIP SARASOTA, FL 34238

TITLE D
NAME BARSEL, ANNA
STREET ADDRESS 2169 PALAZZA DRIVE
CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Andrews - PRESIDENT 2/14/08

Date

941-966-4622

Daytime Phone #