


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90114 002 ****61.25

DOCUMENT # N28894			
1. Entity Name VENETIAN HARMONY CHAPTER OF SWEET ADELINES INTERNATIONAL, INC.			
Principal Place of Business 303 KENSINGTON STREET PORT CHARLOTTE, FL 33954		Mailing Address 303 KENSINGTON STREET PORT CHARLOTTE, FL 33954	
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 1133</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>VENICE</i>	
City & State		City & State <i>FL</i>	
Zip	Country	Zip <i>34294</i>	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRENIER, GLORIA L 4211 CASCADE FALLS DR. SARASOTA, FL 34243		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P VERNEY, JUDITH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 INLET CIR., #102D	NAME	
STREET ADDRESS	VENICE, FL 34285	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D NANFITO, POLLY A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1470 APPIAN DRIVE	NAME	
STREET ADDRESS	PUNTA GORDA, FL 33950	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MANVILLE, NANCY <input checked="" type="checkbox"/> Delete	TITLE	D CONNIE MAILLET <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1251 NORTH BASIN LANCE	NAME	5456 JOY CT.
STREET ADDRESS	SARASOTA, FL 34242	STREET ADDRESS	HORTHPORT FL 34287
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D KING, MARTHA <input checked="" type="checkbox"/> Delete	TITLE	D LIBBY LAIOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2085 SANDHILL LANE	NAME	109 CORTE DEL ASOLO
STREET ADDRESS	NOKOMIS, FL 34275	STREET ADDRESS	VENICE FL 34295
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GRENIER, GLORIA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3728 SURREY LANE	NAME	
STREET ADDRESS	SARASOTA, FL 34235	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ROBERTS, LINDA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1434 ROOSEVELT DR.	NAME	
STREET ADDRESS	VENICE, FL 34293	STREET ADDRESS	
CITY-ST-ZIP		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: <i>Gloria Grenier</i> GLORIA GRENIER		3/11/06 941-358-1393	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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4. FEI Number 59-2409715 Applied For Not Applicable

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