

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34690

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** PALM VILLAS OF VENICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

153 CENTER RD.  
VENICE, FL 342855572 US

**New Principal Place of Business:**

181 CENTER ROAD  
VENICE, FL 342855572 US

**Current Mailing Address:**

1460 GLENEAGLES DR.  
VENICE, FL 342924308

**New Mailing Address:**

181 CENTER ROAD  
VENICE, FL 342855572 US

**FEI Number:** 65-0218085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARGUS PROPERTY MGMT INC  
181 CENTER RD.  
VENICE, FL 342855572 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LAWSON, JACK  
Address: 1322 CAPRI ISLES BLVD.  
City-St-Zip: VENICE, FL 34292

Title: SECY ( ) Delete  
Name: HEARL, GERALD  
Address: 1246 CAPRI ISLES BLVD.  
City-St-Zip: VENICE, FL 34292

Title: VP ( ) Delete  
Name: LITTERBACK, BOB  
Address: 1338 CAPRI ISLES BLVD  
City-St-Zip: VENICE, FL 34292

Title: T ( ) Delete  
Name: EVERETT, ARTHUR  
Address: 1304 CAPRI ISLES BLVD.  
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete  
Name: TESTA, JOSEPH  
Address: 1354 CAPRI ISLES BLVD.  
City-St-Zip: VENICE, FL 34292

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECY (X) Change ( ) Addition  
Name: BOVINO, CHARLES  
Address: 1370 CAPRI ISLES BLVD.  
City-St-Zip: VENICE, FL 34292

Title: VP (X) Change ( ) Addition  
Name: UTTERBACK, BOB  
Address: 1338 CAPRI ISLES BLVD  
City-St-Zip: VENICE, FL 34292

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT UTTERBACK

VP

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date