2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37979

FILED Apr 06, 2009 Secretary of State

Entity Name: VENICE AVENUE COMMERCIAL SUBDIVISION ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	T VENICE AVE FL 34292 US	3		
current Mailing Address:		New Mailing Address:		
	T VENICE AVE FL 34292 US	8		
El Number	: 59-3119419	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:
	, THOMAS S			
210 EAS ENICE, F ne above	T VENICE AVE FL 34292 US named entity s		ourpose of changing its registe	red office or registered agent, or both,
210 EAS ENICE, F ne above the State	T VENICE AVE FL 34292 US named entity s e of Florida.		ourpose of changing its registe	red office or registered agent, or both,
210 EAS ENICE, F ne above the State	T VENICE AVE FL 34292 US named entity s e of Florida. RE:			red office or registered agent, or both, Date
210 EAS ENICE, F ne above the State GNATUI	T VENICE AVE FL 34292 US named entity s e of Florida. RE:	ubmits this statement for the posterior controls and controls are consisted as a control of the controls and controls are controls as a control of the controls are controls as a control of the control	ent	
210 EAS ENICE, F ne above the State GNATUI	T VENICE AVE FL 34292 US e named entity s e of Florida. RE: Electroni S AND DIRECT	ubmits this statement for the processing control of Registered Agronal Control of Registered Agr	ent	Date
ence above the State GNATUI	r VENICE AVE FL 34292 US e named entity se of Florida. RE: Electroni S AND DIRECT D () BRITTON, TODE 1190 EAST VEN VENICE, FL 342	ubmits this statement for the procession of Registered Agronal Control of Registered Agronal Con	ent ADDITIONS/CHAN Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR

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: THOMAS S JESSUP II PRES 04/06/2009