

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38697

FILED
Apr 24, 2008
Secretary of State

Entity Name: THE VENICE GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC.

Current Principal Place of Business:

250 VENICE GOLF CLUB DR.
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

250 VENICE GOLF CLUB DR.
VENICE, FL 34292

New Mailing Address:

FEI Number: 65-0203432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, BARBARA JEAN
250 VENICE GOLF CLUB DR.
VENICE, FL 34292 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: MAGILL, CHARLES
Address: 250 VENICE GOLF CLUB DR.
City-St-Zip: VENICE, FL 34292

Title: VPD () Delete
Name: GREENSFELDER, JIM
Address: 250 VENICE GOLF CLUB DR.
City-St-Zip: VENICE, FL 34292

Title: TD () Delete
Name: DUGAN, BILL
Address: 250 VENICE GOLF CLUB DR.
City-St-Zip: VENICE, FL 34292

Title: SD () Delete
Name: SINKOFF, LINDA
Address: 250 VENICE GOLF CLUB DR.
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: RUBIN, RON
Address: 250 VENICE GOLF CLUB DR.
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: CHARLES MAGILL

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date