

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39449 (6)

1. Corporation Name

VENICE CENTER OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

99 CENTER RD.
P.O. BOX 2048
VENICE FL 34284-9048

99 CENTER RD.
P.O. BOX 2048
VENICE FL 34284-9048

3. Date Incorporated or Qualified
08/10/1990

3a. Date of Last Report
03/06/1995

2. Principal Place of Business
21 **1070 Delacroix Cir.**

2a. Mailing Address
25 **1070 Delacroix Cir.**

4. FEI Number
65-0320966

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State
23 **Nokomis FL**

27 City & State
28 **Nokomis FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **34275** 25 Country **SARASOTA**

29 Zip **34275** 30 Country **SARASOTA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONNELLY, JAMES A
99 CENTER ROAD
VENICE FL 34284**

81 Name **James A. Connelly**
82 Street Address (P.O. Box Number is Not Acceptable)
1070 Delacroix Cir.
83
84 City **Nokomis** FL 85 Zip Code **34275**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
CONNELLY, JAMES A
1070 DELACROIX CIRCLE
NOKOMIS FL** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRADY, ROBERT WILLIS
1716 WAXWING CIRCLE
VENICE FL** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BRADY, RICHARD WILSON
315 PINE GLEN WAY
ENGLEWOOD FL** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BEACOM, ROGER
241 SORRENTO RANCH DR
NOKOMIS FL** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOELSON, RAY R
4551 TALLPINE DR NW
ATLANTA GA** ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/96 941-488-5814

CR2E037 (12/95)