

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90064 039 ****61.25

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DOCUMENT # N39449

1. Corporation Name

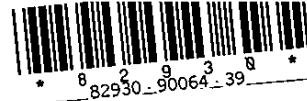
VENICE CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business

1070 DELACROIX CIRCLE
P.O. BOX 2048
NOKOMIS FL 34275
US

Mailing Address

1070 DELACROIX CIRCLE
P.O. BOX 2048
NOKOMIS FL 34275
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/10/1990

4. FEI Number

65-0320966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CONNELLY, JAMES A.
1070 DELACROIX CIRCLE
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

James A. Connelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

941-497-2353

Date

Daytime Phone #

CR2E037 (11/98)