2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2006 8:00 am **Secretary of State** DOCUMENT # N39449 1. Entity Name 02-17-2006 90074 025 ****61.25 VENICE CENTER OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 722 SHAMROCK BLVD VENICE FL 34293 722 SHAMROCK BLVD VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0320966 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent onnelly, James A. CONNELLY, JAMES A. 1070 DELACROIX CIRCLE Address (R.O. Box Number is Not Acceptable) Anchorage Drive NOKOMIS FL 34275 CityNoKomis 34275 8. 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. I am familiar with, and accept the obligations of registered agent A B CONTRACTOR CASE T FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change : TITLE ☐ Delete TITLE CONNELLY, JAMES A NAME NAME 468 ANCHORAGE DRIVE 1070 DELACROIX CIRCLE STREET ADDRESS STREET ADDRESS MOKOMIS, FL 34275 NOKOMIS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRADY, RICHARD WILSON NAME NAME STREET ADDRESS 315 PINE GLEN WAY STREET ADDRESS ENGLEWOOD FL CITY-ST-7IP CITY-ST-ZIP SD Addition TITLE ☐ Delete TITLE X Change BEACOM ROGER 418 OTTER CREEK DR. BEACOM, ROGER NAME MARKE STREET ADDRESS 418 OTTER CREEK DR STREET ADDRESS VENICE, FL 34292 CITY-ST-ZIF VENICE FL 34292 CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition JOELSON, RAY R NAME STREET ADDRESS 638 BIRD BAY DR. E, #212 STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DEBBIE L. CONNELLY 468 ANCHORAGE DRIVE STREET ADDRESS STREET ADDRESS NOKOMIS, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

resident

2/4/06 (941)497-2353

FILED