
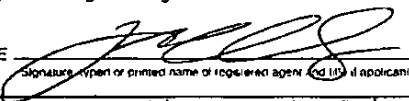


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 17, 2007 8:00 am**  
**Secretary of State**

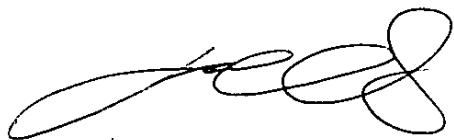
07-20-2007 90017 012 \*\*\*\*61.25

<b>DOCUMENT # N39449</b>					
1. Entity Name VENICE CENTER OWNERS ASSOCIATION, INC.					
Principal Place of Business 722 SHAMROCK BLVD VENICE FL 34293 US			Mailing Address 722 SHAMROCK BLVD VENICE FL 34293 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0320966	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CONNELLY, JAMES A 468 ANCHORAGE DR NOKOMIS FL 34275				7. Name and Address of New Registered Agent Name James A. Connelly Street Address (P.O. Box Number is Not Acceptable) 722 Shamrock Blvd. City Venice FL Zip Code 34293	
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.					
SIGNATURE 		James A. Connelly, Pres.		7/16/07	
FILE NOW: FEE IS \$61.25 Due By: September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNELLY, JAMES A		NAME		
STREET ADDRESS	468 ANCHORAGE DR		STREET ADDRESS		
CITY - ST - ZIP	NOKOMIS FL 34275		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADY, RICHARD WILSON		NAME		
STREET ADDRESS	315 PINE GLEN WAY		STREET ADDRESS		
CITY - ST - ZIP	ENGLEWOOD FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEACOM, ROGER		NAME		
STREET ADDRESS	418 OTTER CREEK DR		STREET ADDRESS		
CITY - ST - ZIP	VENICE FL 34292		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOELSON, RAY R		NAME		
STREET ADDRESS	638 BIRD BAY DR. E, #212		STREET ADDRESS		
CITY - ST - ZIP	VENICE FL 34292		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNELLY, DEBBIE L		NAME		
STREET ADDRESS	468 ANCHORAGE DR		STREET ADDRESS		
CITY - ST - ZIP	NOKOMIS FL 34275		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

CR2E037 (4/07)

2nd MOORE

Fold report so address appears in window



James A. Connelly 7/16/07 (941)497-2353

# ANNUAL REPORT (AR)

DOCUMENT # N39449

1. Entity Name

VENICE CENTER OWNERS ASSOCIATION, INC.



ATTACHMENT

66021036

Principal Place of Business

722 SHAMROCK BLVD  
VENICE FL 34293  
US

Mailing Address

722 SHAMROCK BLVD  
VENICE FL 34293  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite Apt # etc

2nd MOORE

CR2E037 (4/07)

City & State

City & State

4. FEI Number

65-0320966

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNELLY, JAMES A  
468 ANCHORAGE DR  
NOKOMIS FL 34275

Name

James A. Connelly

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

722 Shamrock Blvd.

City

Venice

FL

Zip Code

34293

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.

SIGNATURE

*[Signature]*

James A. Connelly, Pres.

7/16/07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By September 5, 2007

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD ☐ Delete  
NAME CONNELLY, JAMES A  
STREET ADDRESS 468 ANCHORAGE DR  
CITY- ST- ZIP NOKOMIS FL 34275

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME BEACOM, ROGER  
STREET ADDRESS 418 OTTER CREEK DR  
CITY- ST- ZIP VENICE FL 34292

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME JOELSON, RAY R  
STREET ADDRESS 638 BIRD BAY DR. E, #212  
CITY- ST- ZIP VENICE FL 34292

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE S ☐ Delete  
NAME CONNELLY, DEBBIE L  
STREET ADDRESS 468 ANCHORAGE DR  
CITY- ST- ZIP NOKOMIS FL 34275

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Connelly

Date

Daytime Phone #

7/16/07 (941) 497-2353



ATTACHMENT

66021036

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2007

VENICE CENTER OWNERS ASSOCIATION, INC.  
722 SHAMROCK BLVD  
VENICE, FL 34293 US

Subject: **VENICE CENTER OWNERS ASSOCIATION, INC.**

Reference Number: **N39449**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/KH

ANNUAL REPORTS SECTION

8/15/07  
I am enclosing a copy of my  
original filing which had the  
signature of the President.