2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90015 048 ****61.25

DOCUMENT # N39449

1. Entity Name

VENICE CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
722 SHAMROCK BLVD VENICE FL 34293 US	722 SHAMROCK BLVD VENICE FL 34293 US

1st MOORE CR2E037 (10/07)

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 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONNELLY, JAMES A
722 SHAMROCK BLVD
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CONNELLY, JAMES A 468 ANCHORAGE DR NOKOMIS FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CONNELLY, JAMES A. 722 Shamrock Blvd. Venice, FL 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRADY, RICHARD WILSON 315 PINE GLEN WAY ENGLEWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEACOM, ROGER 418 OTTER CREEK DR VENICE FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOELSON, RAY R 638 BIRD BAY DR. E, #212 VENICE FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOELSON, RAY R. P.O. Box 1648 OSPREY, FL 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONNELLY, DEBBIE L 468 ANCHORAGE DR NOKOMIS FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONNELLY, DEBBIE L. 722 Shamrock Blvd. Venice, FL 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: DebbieLConnelly DEBBIE L. CONNELLY 2/4/08 (941) 497-2353