

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39449

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: VENICE CENTER OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

722 SHAMROCK BLVD  
VENICE, FL 34293 US

## New Principal Place of Business:

## Current Mailing Address:

722 SHAMROCK BLVD  
VENICE, FL 34293 US

## New Mailing Address:

FEI Number: 65-0320966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONNELLY, JAMES A  
722 SHAMROCK BLVD  
VENICE, FL 34293 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: CONNELLY, JAMES A,  
Address: 722 SHAMROCK BLVD  
City-St-Zip: VENICE, FL 34293

Title: VD ( ) Delete  
Name: BRADY, RICHARD WILSO, N  
Address: 315 PINE GLEN WAY  
City-St-Zip: ENGLEWOOD, FL

Title: D ( ) Delete  
Name: BEACOM, ROGER,  
Address: 418 OTTER CREEK DR  
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete  
Name: JOELSON, RAY R,  
Address: P.O. BOX 1648  
City-St-Zip: OSPREY, FL 34229

Title: S ( ) Delete  
Name: CONNELLY, DEBBIE L  
Address: 722 SHAMROCK BLVD  
City-St-Zip: VENICE, FL 34293

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: CONNELLY, JAMES A  
Address: 722 SHAMROCK BLVD  
City-St-Zip: VENICE, FL 34293

Title: VD (X) Change ( ) Addition  
Name: BRADY, RICHARD W  
Address: 315 PINE GLEN WAY  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D (X) Change ( ) Addition  
Name: BEACOM, ROGER  
Address: 418 OTTER CREEK DR  
City-St-Zip: VENICE, FL 34292

Title: D (X) Change ( ) Addition  
Name: JOELSON, RAY R  
Address: P.O. BOX 1648  
City-St-Zip: OSPREY, FL 34229

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE L. CONNELLY

S

01/06/2009

Electronic Signature of Signing Officer or Director

Date