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FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N39670** (7)  
1. Corporation Name  
**VENICE-ENGLEWOOD BAR ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**341 VENICE AVE. WEST** **341 VENICE AVE. WEST**  
**VENICE FL 34285** **VENICE FL 34285**

3. Date Incorporated or Qualified

**08/13/1990**

4. FEI Number

**65-0350725**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOONE, STEPHEN K.**  
**1001 AVENIDA DEL CIRCO**  
**VENICE FL 34285**

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 **D ROBERTS, GREG**  
STREET ADDRESS **341 VENICE AVE. W.**  
CITY-ST-ZIP **VENICE FL**

TITLE ☐ DELETE  
NAME **DT THOMPSON, ANN**  
STREET ADDRESS **152 NOKOMIS AVE. N.**  
CITY-ST-ZIP **VENICE FL**

TITLE ☐ DELETE  
NAME **D MELLOR, CORD C.**  
STREET ADDRESS **13801 S. TAMAMI TRAIL, STE 405**  
CITY-ST-ZIP **NORTH PORT FL**

TITLE ☐ DELETE  
NAME **DS MOWRY, SNOWDEN**  
STREET ADDRESS **227 SOUTH NOKOMIS AVE.**  
CITY-ST-ZIP **VENICE FL**

TITLE ☐ DELETE  
NAME **DP DEMEDIO, GLORIDA J.**  
STREET ADDRESS **1505 S. TAMAMI TRAIL, STE 405**  
CITY-ST-ZIP **VENICE FL**

TITLE ☐ DELETE  
NAME **DVP DECIANTIS, JOSEPH R.**  
STREET ADDRESS **341 VENICE AVE. W**  
CITY-ST-ZIP **VENICE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

*John R. Roberts* President

4/27/98

941-485-7105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0066571

CR2E037 (10/97)