


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N40272 1. Entry Name VENICE GOLF AND COUNTRY CLUB #1, INC.	
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Principal Place of Business 250 VENICE GOLF CLUB DR VENICE FL 34292 US	Mailing Address 250 VENICE GOLF CLUB DR VENICE FL 34292 US
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0223681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LESTER, MONK 250 VENICE GOLF CLUB DR VENICE FL 34292	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP MONK, LESTER	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	250 VENICE GOLF CLUB DR			STREET ADDRESS			
CITY - ST - ZIP	VENICE FL 34292			CITY - ST - ZIP			
TITLE	DVP WILLIAM, ROLINITIS	<input type="checkbox"/> Delete		TITLE	110000197884 01/27/05-80030-014 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	250 VENICE GOLF CLUB DR			STREET ADDRESS			
CITY - ST - ZIP	VENICE FL 34292			CITY - ST - ZIP			
TITLE	DS WILLIAM, HAASE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	2580 VENICE GOLF CLUB DR			STREET ADDRESS			
CITY - ST - ZIP	VENICE FL 34292			CITY - ST - ZIP			
TITLE	DT HILL, MERI	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS	250 VENICE GOLF CLUB DR			STREET ADDRESS			
CITY - ST - ZIP	VENICE FL 34292			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
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 exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ (941) 492-9600