2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49487

FILED Jul 01, 2004 Secretary of State

Entity Name: LE CIEL VENETIAN TOWER ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
3971 GULF NAPLES, F	F SHORE BLVI FL 34103 U	_						
Current Mailing Address:				New Mailing Address:				
3971 GULF NAPLES, F	F SHORE BLVI FL 34103 U	_						
FEI Number: 65-0341384 FEI Number Applied For() FE			FEI Number No	El Number Not Applicable () Certificate of Status Desired ()				
Name and	Address of C	urrent Registered Agent:	Name	and A	Address of	New Registered	l Agent:	
TRIANON NAPLES, F The above	SHORE DRIVI CENTRE, THIF FL 34103 US		urpose of chan	ging its	registered	office or register	ed agent, or both,	
SIGNATUF								
	Electron	ic Signature of Registered Age	nt			Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	KEMPERS, RO	ORE BLVD #602	Title: Name: Addres City-Sl		() Change ()Additi	on	
Title: Name: Address: City-St-Zip:	JENSEN, MARY	ORE BLVD #901	Title: Name: Addres City-Sl	s: ;	JENSEN, MAF	HORE BLVD #901	on	
Title: Name: Address: City-St-Zip:	HASEN, WILLIA	ORE BLVD. #1603	Title: Name: Addres City-Sl	s: ;	HASEN, WILL	HORE BLVD. #1603	on	
Title: Name: Address: City-St-Zip:	GOGUEN, PAUL	ORE BLVD #1501	Title: Name: Addres City-Si		() Change ()Additi	on	
Title: Name: Address: City-St-Zip:	SKVPA, HELEN	ORE BLVD #1504	Title: Name: Addres City-St		() Change ()Additi	on	
Title: Name: Address: City-St-Zip:	BATTAGLIA, CH	ORE BLVD. #1602	Title: Name: Addres City-Si	s: ;	MORANTZ, R	HORE BLVD. #1802	on	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM HASEN P 07/01/2004

RICHARD NELSON, DIRECTOR 3971 GULF SHORE BLVD N #805 NAPLES, FL 34103