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Apr 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000001401 (9)

1. Corporation Name

VENETIAN CAUSEWAY NEIGHBORHOOD ALLIANCE, INC.



Principal Place of Business
25 W FLAGLER ST
STE 600
MIAMI FL 33130
US

Mailing Address
1602 ALTON ROAD
#27
MAIMI BEACH FL 33139-2421

3. Date Incorporated or Qualified 03/25/1993
3a. Date of Last Report 07/02/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number 65-0413703
Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHITTY, ROBERT A
130 WEST RIVO ALTO DR
MIAMI BEACH FL 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	CHITTY, ROBERT A	
STREET ADDRESS	130 W RIVO ALTO DR.	
CITY-ST-ZIP	MAIMI BEACH FL 33139	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, WYN	
STREET ADDRESS	1278 S VENETIAN WAY	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHOMER, FLORENCE	
STREET ADDRESS	1120 VENETIAN WAY #1-F	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLANCO, FRANCISCO	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CO-PRESIDENT PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARBARA BISNO	
1.3 STREET ADDRESS	1000 Venetian way Apt. 603	
1.4 CITY-ST-ZIP	MIAMI, FL 33139	
2.1 TITLE	TREASURER TD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HELEN MARIE GORDICH	
2.3 STREET ADDRESS	1000 Venetian way Apt 2102	
2.4 CITY-ST-ZIP	MIAMI, FL 33139	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

CP2E037 (9/96)