## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # N9300001401 (9)

FILED
Feb 17 1998 8:00am
Secretary of State

VENETIAN CAUSEWAY NEIGHBORHOOD ALLIANCE, INC.							
Principal Place of Business Mailing Address						T 1885/1917 BEG TELER LILLE DON'T EGITL DON'T BONY EDITE HERL DIGHT BONE HERL	
25 W FLAGLER ST 1602 ALTON ROAD						3. Date Incorporated or Qualified	
STE 600 #27 MIAMI FL 33130 MAIMI BEACH FL 33139			1			03/25/1993	
US		MAIMI DEACH FL 33139				4. FEI Number Applied For	
<b>A A</b> · / · · · ·		1 <b>A</b> 14 m 4 m				65-0413703 Not Applicable	
21	ace of Business	26. Mailing Address 26.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. 6	W. etc.	Suite, Ap1. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State				7. Is this nonprofit corporation a homeowners association?	
23		28	<del>} - 1</del>			☐ Yes ☐ No	
Zip	Country	Zip	Zip Cour			8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent	
A	DARENT A						
CHITTY, ROBERT A 130 WEST RIVO ALTO DR				82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	EACH FL 33139			83			
MICAMI DE	AON 12 00109						
,	$\hat{}$			84	City	FL 85 Zip Code	
11. Pursuant to the properions 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 vegetared 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 applications of section 617.0503, Florida Statutes.							
SIGNATURE							
	phartile, types or printed nume of registered age		OTE: Fingistere	d Age	nt signature n		
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1.1 T	T. F	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
TITLE NAME	PCD CHITTY, ROBERT A					Cissings Circuitor	
STREET ADDRESS	130 W RIVO ALTO DR.			1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	MAIMI BEACH FL 33139		- 4	1.4 CITY - ST - ZIP			
TITLE	PCD DELETE 2.1 T				Change Addition		
NAME	BISNO, BARBARA		2.2 N	AME	1		
STREET ADDRESS			235	2 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2. 4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE	3.1 T			Change	
NAME	GORDICH, HELEN M 1000 VENETIAN WAY, APT. 2	100	3.2 N		4000000		
STREET ADDRESS	MIAMI FL	102		TREET. City-s	ADDRESS		
CITY-ST-ZIP TITLE	mean i L	DELETE	3.4. U		1 - EIF	☐ Change ☐ Addition	
NAME			4.21		j		
STREET ADDRESS					ADDRESS	1	
CITY-ST-ZIP			4.40	/TY-51	7- <b>2</b> 1P		
TITLE		DELETE	5.1 7	TLE		Change Addition	
NAME			5.2 N		- {		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELETE		ITY - S	- ZIP	Change Addition	
TITLE		□ herrit	6.1 T			Change C Appoints	
STREET ADDRESS			- 4		ADDRESS		
CITY-ST-ZIP				itves i		İ	
14. I bereby ce	ertify that the information supplied w	ith this filing does not qualif	v for the ex	emol	ion 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 appropriation 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 3 if offinged, or on an attachment with an address.							