

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90349 030 \*\*\*\*61.25

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|--|--|--|---|---|--|
| <b>DOCUMENT # N94000001502</b>   |  |  |   |   |  |
| <b>1. Entity Name</b><br>VENETIAN GARDENS HOMEOWNERS ASSOCIATION, INC.   |  |  |   |   |  |
| <b>Principal Place of Business</b><br>2161 WATEROAK DR. N.<br>CLEARWATER, FL 33764    US   |  |  | <b>Mailing Address</b><br>2161 WATEROAK DR. N.<br>CLEARWATER, FL 33764    US  |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | <b>4. FEI Number</b><br>59-3235980  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MARROCCO, ANDREA<br>2161 WATEROAK DR. N.<br>CLEARWATER, FL 33764   |  |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br><br>City _____ <b>FL</b> Zip Code _____ |   |  |
| <b>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.</b><br><div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> <b>SIGNATURE</b> <i>Andrea Marrocco</i><br/> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <i>Andrea Marrocco, Treasurer 4/19/06</i><br/> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div> |  |  |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to:</b><br><b>Florida Department of State</b>  |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>DVP</b><br>FELDT, LISAM<br>1885 WATEROAK DR. W.<br>CLEARWATER, FL 33764     | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>DV</b><br>Vice President<br>Debbie McMahon<br>2142 Waterside Drive<br>Clearwater, FL 33764 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>DT</b><br>MARROCCO, ANDREA<br>2161 WATEROAK DR. N.<br>CLEARWATER, FL 33764  | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>DVP</b><br>RUBERSTEIN, RICHARD<br>2175 WATERSIDE DR<br>CLEARWATER, FL 33764 | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>DP</b><br>President<br>Dave Doerges<br>1885 Wateroak Dr. W.<br>Clearwater, FL 33764        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>DS</b><br>WHITEHORN, MARY E<br>2162 WATERSIDE DR<br>CLEARWATER, FL 33764    | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.</b>  |  |  |   |   |  |
| <b>SIGNATURE:</b> <i>Andrea Marrocco, Treasurer 4/19/06 727-592-6942</i><br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small><br/>                 Andrea Marrocco             </div> <div style="width: 20%; text-align: center;"> <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <small>Daytime Phone #</small> </div> </div>  |  |  |   |   |  |