2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001502

FILED Jan 22, 2007 Secretary of State

Entity Name: VENETIAN GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2161 WATEROAK DR. N.

CLEARWATER, FL 33764 US

2176 WATEROAK DR. N.

CLEARWATER, FL 33764 US

Current Mailing Address: New Mailing Address:

2161 WATEROAK DR. N.
CLEARWATER, FL 33764 US

2176 WATEROAK DR. N.
CLEARWATER, FL 33764 US

FEI Number: 59-3235980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARROCCO, ANDREA
2161 WATEROAK DR. N.
CLEARWATER, FL 33764 US
STANTON, TRICIA
2176 WATEROAK DR. N.
CLEARWATER, FL 33764 US
CLEARWATER, FL 33764 US

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.

SIGNATURE: TRICIA STANTON 01/22/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: DV () Delete Title: DV (X) Change () Addition

 Name:
 MCMAHON, DEBBIE
 Name:
 THOMAS, BETH

 Address:
 2142 WATERSIDE DR
 Address:
 2155 WATEROAK DR N.

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:
 CLEARWATER, FL 33764

Title: DT () Delete Title: DT (X) Change () Addition Name: MARROCCO, ANDREA Name: STANTON, TRICIA

Address: 2161 WATEROAK DR. N. Address: 2176 WATEROAK DR. N. City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33764

 Name:
 DOERGES, DAVE
 Name:
 HAWKINS, HAROLD

 Address:
 1885 WATEROAK DR. W.
 Address:
 2149 WATEROAK DR. N.

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:
 CLEARWATER, FL 33764

Title: DS () Delete Title: () Change () Addition

 Name:
 WHITEHORN, MARY E
 Name:

 Address:
 2162 WATERSIDE DR
 Address:

 City-St-Zip:
 CLEARWATER, FL 33764
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TRICIA STANTON DT 01/22/2007