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Feb 05 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 # N94000004848 (7)
1. Corporation Name
VENETIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 555 N.E. 15 STREET MIAMI FL 33132
Mailing Address: 555 N.E. 15 STREET MIAMI FL 33132-1451

3. Date Incorporated or Qualified: 09/30/1994
3a. Date of Last Report: 03/05/1996
4. FEI Number: 65-0523286
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
BASHARY, EFY
555 N.E. 15TH STREET
STE. #100
MIAMI FL 33132

10. Name and Address of New Registered Agent
81 Name: PAT PISANO
82 Street Address: MANAGEMENT OFFICE
83 555 N.E. 15th STREET
84 City: MIAMI FL 85 Zip Code: 33132

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: *Pat Pisano* PAT PISANO / PROPERTY MANAGER 1/29/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BASHARY, EFY	
STREET ADDRESS	999 WASHINGTON AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MAYRON, SHAY	
STREET ADDRESS	999 WASHINGTON AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DTAS	<input type="checkbox"/> DELETE
NAME	RITTER, JOHN	
STREET ADDRESS	555 N.E. 15TH STREET	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICK NAZARIO	
1.3 STREET ADDRESS	555 N.E. 15th Street	
1.4 CITY-ST-ZIP	MIAMI, FL 33132	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WARREN E. DANIELS	
2.3 STREET ADDRESS	555 N.E. 15th Street	
2.4 CITY-ST-ZIP	MIAMI, FL 33132	
3.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN A. RITTER	
3.3 STREET ADDRESS	555 N.E. 15th Street	
3.4 CITY-ST-ZIP	MIAMI, FL 33132	
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 in an attachment with an address.
SIGNATURE: *John A. Ritter* JOHN A. RITTER 1/29/97 305-258-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028917

CR2E037 (9/96)