

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000112 (1)**  
1. Corporation Name  
**VENETIAN MOBILE HOME OWNERS, INC.**



Principal Place of Business <b>5475 3RD LANE N ST. PETERSBURG FL 33703</b>	Mailing Address <b>C/O CHESTER C. EVANS SR. 5520 2ND WAY NORTH ST. PETERSBURG FL 33703 US</b>
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3. Date Incorporated or Qualified <b>01/09/1995</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-2504898</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		

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
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**9. Name and Address of Current Registered Agent**

**FORD, EDWIN I  
2310 WEST BAY DR.  
LARGO FL 34640**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>HLAVA, EILEEN</b>
STREET ADDRESS	<b>1ST LANE NORTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PELUSO, ANELLO</b>
STREET ADDRESS	<b>157 54TH TERRACE NORTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<del>PELUSO, ANELLO</del>
STREET ADDRESS	<del>157 54TH TERRACE NORTH</del>
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<del>RODGERLOU, BARBARA</del>
STREET ADDRESS	<del>230 GREENHOLE AVENUE N</del>
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>
TITLE	<b>VP D</b> <input type="checkbox"/> DELETE
NAME	<b>KREST, MARK</b>
STREET ADDRESS	<b>148 58TH TERRACE N.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>EVANS, CHESTER</b>
STREET ADDRESS	<b>5520 2ND WAY, NORTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>Pres.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Tom Burrell</b>
1.3 STREET ADDRESS	<b>164 55th PLACE N.</b>
1.4 CITY-ST-ZIP	<b>St. Petersburg, FL</b>
2.1 TITLE	<b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Jack Hazelwood</b>
2.3 STREET ADDRESS	<b>117 54th Terrace N.</b>
2.4 CITY-ST-ZIP	<b>St. Petersburg, FL.</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Roland Smith</b>
3.3 STREET ADDRESS	<b>5625 2nd. Way N</b>
3.4 CITY-ST-ZIP	<b>St. Petersburg, FL.</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Edward Reinker</b>
4.3 STREET ADDRESS	<b>104 Barnard Blvd</b>
4.4 CITY-ST-ZIP	<b>St. Petersburg, FL.</b>
5.1 TITLE	<del>Arthur Leblanc</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Arthur Leblanc</b>
5.3 STREET ADDRESS	<b>5425 1st Way N.</b>
5.4 CITY-ST-ZIP	<b>St. Petersburg, FL</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Stan Harding</b>
6.3 STREET ADDRESS	<b>5461 1st Way N</b>
6.4 CITY-ST-ZIP	<b>St. Petersburg, FL.</b>

14. I 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.

SIGNATURE: *Chester C. Evans, Secretary of State* Jan 20, 1998

CR2E037 (1097)