

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90027 026 ****61.25

DOCUMENT # N95000000112

1. Entity Name
VENETIAN MOBILE HOME OWNERS, INC.



Principal Place of Business
VENTIAN M/ PARK
5475 3RD LANE
ST. PETERSBURG, FL 33703

Mailing Address
VENTIAN M/ PARK
5475 3RD LANE
ST. PETERSBURG, FL 33703 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01292005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2504898

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAVERSTOCK, JANET	
STREET ADDRESS	5600 3RD WAY N	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELUSO, ANELLO	
STREET ADDRESS	157 54TH TERRACE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAZELWOOD, JACK	
STREET ADDRESS	117 54TH TERRACE N	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KREST, MARK	
STREET ADDRESS	148 56TH TERRACE N.	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY WILSON	
STREET ADDRESS	181 54th TERRACE N	
CITY-ST-ZIP	ST. PETERSBURG 33703	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN LURETTE	
STREET ADDRESS	5490 1st WAY N	
CITY-ST-ZIP	ST. PETERSBURG 33703	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD STOKES	
STREET ADDRESS	228 BARNARD BLVD N	
CITY-ST-ZIP	ST. PETERSBURG 33703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL BEERS	
STREET ADDRESS	6452 3RD WAY N	
CITY-ST-ZIP	ST. PETERSBURG 33703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL GILBERT	
STREET ADDRESS	5622 2nd WAY N	
CITY-ST-ZIP	ST. PETERSBURG 33703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEN GALLOWAY	
STREET ADDRESS	5631 3rd WAY	
CITY-ST-ZIP	ST. PETERSBURG 33703	

12. 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 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.

SIGNATURE: Leonard Stokes, **LEONARD STOKES, TREASURER 31 JAN 05 127-527-9112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #