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Feb 11, 2005 8:00 am

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N95000000112 02-11-2005 90027 026 ****61.25 VENÉTIAN MOBILE HOME OWNERS, INC. Principal Place of Business Mailing Address VENTIAN M/ PARK VENTIAN M/ PARK **5475 3RD LANE 5475 3RD LANE** ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2504898 Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORD, EDWIN I Street Address (P.O. Box Number is Not Acceptable) 2310 WEST BAY DR. LARGO, FL 34640 City Zip Code 6. 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 Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Detete TITLE TITLE RAY WILSON HAVERSTOCK, JANET NAME 181 54th TERRACE N 5600 3RD WAY N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ST. PETERSBURG, FL PETERSBURG 3*3703* ☐ Change D Delete Addition JOHN LURETTE PELUSO, ANELLO NAME NAME 5490 IST WAY N STREET ADDRESS 157 54TH TERRACE NORTH STREET ADDRESS ٠,١٠٠٠ 33703 CITY-ST-ZIP ST. PETERSBURG, FL CITY-ST-7IP ST. PETERSBURG ☐ Change **Addition** TITLE TITLE Delete HAZELWOOD, JACK NAME LEONARD STOKES STREET ADDRESS 117 54TH TERRACE N STREET ADDRESS 228 BARNARD BLUD ST. PETERSBURG, GL CITY-ST-ZIP CITY-ST-ZIP PETERSBURG 3 3703 Addition TITLE ☐ Delete TITLE ס ☐ Change KREST, MARK NAME NAME RILL BEERS 6452 385 WAY N STREET ADDRESS 148 56TH TERRACE N. STREET ADDRESS CITY-ST-ZIP 3*370*3 CITY-ST-ZIP ST PETERSBURG, FL PETERSBURG ☐ Delete ☐ Change **Addition** MIF BILL GILBERT 5622 2TH WAY N NAME STREET ADDRESS STREET ADDRESS 33*703* CITY-ST-ZIP ST. PETERSBURG CITY-ST-ZIP Addition ☐ Change Delete TTDE TITLE CARMEN Galloway NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PETERSBURG 57, 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Horida 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.

STOKES, TREASURER 315AN 05