

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000112

FILED
Jan 15, 2012
Secretary of State

Entity Name: VENETIAN MOBILE HOME OWNERS, INC.

Current Principal Place of Business:

5475 3RD LANE NO.
SAINT PETERSBURG, FL 337032399

New Principal Place of Business:

Current Mailing Address:

RAY WILSON
312 BARNARD BLVD N
SAINT PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 59-2504898 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STOKES, LEONARD
5628 2ND WAY N
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WILSON, RAYMOND
Address: 312 BARNARD BLVD N
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: T
Name: LANDRY, DONALD
Address: 104 BARNARD BLVD N
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: V
Name: CARPENTER, DICK
Address: 256 54TH TERRACE N
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: S
Name: STOKES, LEN
Address: 5628 2ND AVE N
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D
Name: HIRTLE, HAROLD
Address: 5618 1ST LANE NO.
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D
Name: GLADUE, MICHAEL
Address: 269 BARNARD BLVD N
City-St-Zip: SAINT PETERSBURG, FL 33703

I hereby 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 all other like empowered.

SIGNATURE: LEONARD STOKES

S

01/15/2012

Electronic Signature of Signing Officer or Director

Date