

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000669

1. Entity Name

VENETIA BAY CENTRE MASTER ASSOCIATION, INC.



Principal Place of Business

901 VENETIA BAY BLVD., STE. 300
VENICE, FL 34292

Mailing Address

P.O. BOX 1166
NOKOMIS, FL 34275



02122006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
65-0768709

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, ED
1601 PINE LAKE DRIVE
VENICE, FL 34285

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IN THIS SPACE**

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)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DATE
000000475360
04/05/06-80013-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAYLOR, ED
STREET ADDRESS	P.O. BOX 1166
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	VD
NAME	LOMBARD, JAMES M
STREET ADDRESS	901 VENETIA BAY BL-SUITE 300
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ed Taylor ED Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.18.06
Date

941.650.6088
Daytime Phone #