

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000669

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** VENETIA BAY CENTRE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

900 VENETIA BAY BLVD.,  
VENICE, FL 34292

**Current Mailing Address:**

P.O. BOX 1166  
NOKOMIS, FL 34275

**New Mailing Address:**

**FEI Number:** 65-0768709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, ED  
1601 PINE LAKE DRIVE  
VENICE, FL 34285 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: PD ( ) Delete  
Name: TAYLOR, ED  
Address: P.O. BOX 1166  
City-St-Zip: NOKOMIS, FL 34275

Title: VD ( ) Delete  
Name: LOMBARD, JAMES M  
Address: 901 VENETIA BAY BL-SUITE 300  
City-St-Zip: VENICE, FL 34292

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: LOMBARD, JAMES M  
Address: P.O. BOX 1166  
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ED TAYLOR

PD

01/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date