


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90029 041 \*\*\*\*61.25

**DOCUMENT # N97000000548**

1. Entity Name  
**VENICE ISLE ACTIVITIES CLUB, INC.**



Principal Place of Business  
**600 CORTINA BLVD.  
 VENICE, FL 34285**

Mailing Address  
**603 ROMA RD  
 VENICE, FL 34285 US**

**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0742842**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KORP, WILLIAM R ESQ.  
 240 SOUTH PINEAPPLE AVE.  
 SARASOTA, FL 34230**

**DO NOT WRITE 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 *Frances A. Baxter* **FRANCES A.. BAXTER; Treas.** **3-26-08**

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, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	V	D
NAME	YOUDELIS, RONALD	JOHN CONGER
STREET ADDRESS	413 VIA VENETO	784 Londra Dr
CITY-ST-ZIP	VENICE, FL 34285	Venice FL 34285
TITLE	D	D
NAME	MILLER, PATRICIA	MELVIN STUDLEY
STREET ADDRESS	782 CERVINA DR. N	521 Cervina Dr.
CITY-ST-ZIP	VENICE, FL 34285	Venice FL 34285
TITLE	T	D
NAME	FRANCES, BAXTER	CHARLES BASTIN
STREET ADDRESS	418 CERVINA DR S	966 Jolanda Cir.
CITY-ST-ZIP	VENICE, FL 34285	Venice FL 34285
TITLE	S D	
NAME	PARKER, MARTI	
STREET ADDRESS	867 DAVENTO DRIVE	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	P	
NAME	NUZZO, RICHARD	
STREET ADDRESS	411 VIA VENETO	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	D S	
NAME	MOORE, THERESA	
STREET ADDRESS	428 VIA VENETO	
CITY-ST-ZIP	VENICE, FL 34285	

**DO NOT WRITE 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: *Frances A. Baxter* **Frances A. Baxter, Treas.** **3-26-08** **941-485-7846**

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