


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 10, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N97000004438</b> 1. Entity Name VENETIAN DRIVE TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 336 VENETIAN DR., APT. 4 DELRAY BEACH, FL 33484	Mailing Address M.J. GALLUP 235 NE 6TH AVE ST D DELRAY BEACH, FL 33483
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02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0770848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  PUGH, DAVID 235 NE 6TH AVE SUITE D DELRAY BEACH, FL 33483	<div style="border: 1px solid black; padding: 20px; font-size: 1.2em;"> <b>DO NOT WRITE IN THIS SPACE</b> </div>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>DP</small> PROUT, FREDERICK R 336 VENETIAN DR., APT. 4 DELRAY BEACH, FL 33484
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>DV</small> BUTLER, WALTER 336 VENETIAN DR., APT. 4 DELRAY BEACH, FL 33484
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>DS</small> WYSE, DEREK 336 VENETIAN DR., APT. 4 DELRAY BEACH, FL 33484
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>DT</small> LOCKE, LUCY 336 VENETIAN DR., APT. 4 DELRAY BEACH, FL 33484
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	

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-03/10/05-80025-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b>  as Pres.	3/3/05	9d-279-5579
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>