

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90141 028 \*\*\*\*61.25

**DOCUMENT # N97000005729**

1. Entity Name

**VENETIA COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

**7000 SOUTH TAMiami TRAIL  
VENICE FL 34293**

Mailing Address

**7000 SOUTH TAMiami TRAIL  
VENICE FL 34293**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0789151**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BOONE, STEPHEN K  
1001 AVENIDA DEL CIRCO  
VENICE FL 34295**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>PD THOMAS, STANLEY E</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>300 VILLAGE GREEN CIR, STE 200</b>	
CITY-ST-ZIP	<b>SMYRNA GA 30080</b>	
TITLE NAME	<b>VD WILLIAMS, BRUCE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>201 N MAIN STREET, STE 201</b>	
CITY-ST-ZIP	<b>ALPHARETTA GA 30004</b>	
TITLE NAME	<b>STD ECHOLS, LILA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>300 VILLAGE GREEN CIR, STE 200</b>	
CITY-ST-ZIP	<b>SMYRNA GA 30080</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE



**REQUIRED Bruce Williams**

**3/12/03**

**(941)493-6608**

CR2E037 (10/02)