

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90012 012 \*\*\*\*61.25

**DOCUMENT # N98000001657**

1. Entity Name  
**VENETIAN ISLES AT LAKE CORAL SPRINGS  
COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**1750 UNIVERSITY DRIVE  
#205  
CORAL SPRINGS, FL 33071**

Mailing Address  
**1750 UNIVERSITY DRIVE  
#205  
CORAL SPRINGS, FL 33071**

**40033103**



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0834556**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SWIFT MANAGEMENT & SOLUTIONS  
1750 UNIVERSITY DRIVE #205  
CORAL SPRINGS, FL 33071**

**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

**Filing Fee Is \$61.25  
Due by May 1, 2008**

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	VPT	<input checked="" type="checkbox"/> Delete
NAME	MONTALVO, RICH	
STREET ADDRESS	3300 CORPORATE AVE, #110	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIPIETRO, MARCELLA	
STREET ADDRESS	3300 CORPORATE AVE, #110	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARR, DAVID	
STREET ADDRESS	3300 CORPORATE AVE, #110	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIEL, LINDA	
STREET ADDRESS	3300 CORPORATE AVE, #110	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOMANCSIK, LARRY	
STREET ADDRESS	3300 CORPORATE AVE, #110	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherbal Daye	
STREET ADDRESS	841 NW 124th Avenue	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel, Linda	
STREET ADDRESS	865 NW 124th Avenue	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stirk, Robert	
STREET ADDRESS	12221 NW 11th Drive	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kranowitz Hy	
STREET ADDRESS	838 NW 123rd Drive	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johancsik, Larry	
STREET ADDRESS	915 NW 124 Ave	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Linda K Daniel* 2/14/08 954-344-9485