

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001657

FILED
Jan 23, 2009
Secretary of State

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

Current Principal Place of Business:

1750 UNIVERSITY DRIVE
#205
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1750 UNIVERSITY DRIVE
#205
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0834556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT & SOLUTIONS
1750 UNIVERSITY DRIVE #205
CORAL SPRINGS, FL 33071 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: VPT () Delete
Name: SHERBAL, DAYE
Address: 841 NW 124TH AVENUE
City-St-Zip: CORAL SPRING, FL 33071

Title: PD () Delete
Name: DANIEL, LINDA
Address: 865 NW 124TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPS () Delete
Name: STIRK, ROBERT
Address: 12221 NW 7TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: KRANOWITZ, HY
Address: 838 NW 123RD DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: JOHANCSIK, LARRY
Address: 915 NW 124 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT (X) Change () Addition
Name: SHERBAL, DAVE
Address: 841 NW 124TH AVENUE
City-St-Zip: CORAL SPRING, FL 33071

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LINDA DANIEL

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date