

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003772

FILED
Jan 17, 2007
Secretary of State

Entity Name: VENICE NEWCOMERS CLUB, INC.

Current Principal Place of Business:

P.O. BOX 315
VENICE, FL 34285

New Principal Place of Business:

733 FRINGED ORCHID TRAIL
VENICE, FL 34293

Current Mailing Address:

P.O. BOX 315
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-0855850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALVATORE, TROFI
733 FRINGED ORCHID TRAIL
VENICE, FL 34293 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: PD () Delete
Name: BERGIN, ROBERT
Address: 900 HARBOR TOWN DRIVE
City-St-Zip: VENICE, FL 34292

Title: 1VPD () Delete
Name: ZANGWILL, JUDY
Address: 14 GULF MANOR DRIVE
City-St-Zip: VENICE, FL 34285

Title: 2VPD () Delete
Name: BERGIN, CONNIE
Address: 900 HARBOR TOWN DRIVE
City-St-Zip: VENICE, FL 34292

Title: SD () Delete
Name: OSBORNE, JULIE
Address: 1633 ASHLAND PLACE
City-St-Zip: VENICE, FL 34292

Title: TD () Delete
Name: TROFI, SALVATORE
Address: 733 FRINGED ORCHID TRAIL
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCALLISTER, AURELIA
Address: 963 HARBOR TOWN DRIVE
City-St-Zip: VENICE, FL 34292

Title: 1VPD (X) Change () Addition
Name: ROMANO, ANTHONY
Address: 1277 HIGHLAND GREENS DRIVE
City-St-Zip: VENICE, FL 34285

Title: 2VPD (X) Change () Addition
Name: SAMPSON, MARCY
Address: 621 LAKESCEENE DRIVE
City-St-Zip: VENICE, FL 34293

Title: SD (X) Change () Addition
Name: PETRIE, BARBARA
Address: 1617 MONARCH DRIVE
City-St-Zip: VENICE, FL 34293

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SALVATORE TROFI

TD

01/17/2007

Electronic Signature of Signing Officer or Director

Date