
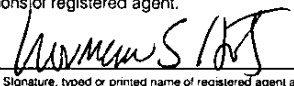
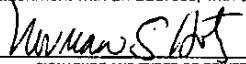


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90175 031 \*\*\*\*61.25

<b>DOCUMENT # N98000004171</b> 1. Entity Name <b>VENETIA NEIGHBORHOOD ASSOCIATION NUMBER ONE, INC.</b>					
Principal Place of Business <b>4871 VIA SAN TOMASO VENICE, FL 34293</b>			Mailing Address <b>4871 VIA SAN TOMASO VENICE, FL 34293</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. # <b>LIGHTHOUSE MANAGEMENT &amp; REALTY</b> <b>16 CHURCH ST.</b> City & State <b>OSPREY, FL 34229</b>		Suite, Apt. # <b>LIGHTHOUSE MANAGEMENT &amp; REALTY</b> <b>16 CHURCH ST.</b> City & State <b>OSPREY, FL 34229</b>		03012006 Chg-NP CR2E037 (11/05)	
Zip <b>34229</b> Country <b>US</b>		Zip <b>34229</b> Country <b>US</b>		4. FEI Number <b>65-0906374</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent				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.	
ULTRICH, RICHARD 2940 S. TAMiami TR SARASOTA, FL 34239				Name <b>NORMAN HOTZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>LIGHTHOUSE MANAGEMENT &amp; REALTY</b> <b>16 CHURCH ST.</b> City <b>OSPREY, FL 34229</b> FL Zip Code <b>34229</b>	
SIGNATURE  <b>NORMAN S. HOTZ - PRESIDENT</b> 4/19/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PD</b> NAME <b>SPERRY, GEORGE</b> STREET ADDRESS <b>4871 VIA SAN TOMASO</b> CITY-ST-ZIP <b>VENICE, FL 34293</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>VPD</b> NAME <b>JOYCE TRICARO</b> STREET ADDRESS <b>PO BOX 277</b> CITY-ST-ZIP <b>VENICE, FL 34284</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>VD</b> NAME <b>O'SHEA, KEVIN</b> STREET ADDRESS <b>4306 CORSO VENETIA BLVD.</b> CITY-ST-ZIP <b>VENICE, FL 34293</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>TD</b> NAME <b>JIM DIFAZIO</b> STREET ADDRESS <b>5011 BELLA TERRA DR</b> CITY-ST-ZIP <b>VENICE, FL 34293</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>SD</b> NAME <b>SHEFFER, BILL</b> STREET ADDRESS <b>4286 VIA DEL VILLEHI</b> CITY-ST-ZIP <b>VENICE, FL 34293</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>SD</b> NAME <b>MARY JANE APICELLO</b> STREET ADDRESS <b>5035 BELLA TERRA DR</b> CITY-ST-ZIP <b>VENICE, FL 34293</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>TD</b> NAME <b>KROLL, LYNN</b> STREET ADDRESS <b>4406 VIA DEL VELLEHI</b> CITY-ST-ZIP <b>VENICE, FL 34293</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>ASD</b> NAME <b>W. Lloyd Keith</b> STREET ADDRESS <b>16 Church St</b> CITY-ST-ZIP <b>Osprey FL 34229</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>PD</b> NAME <b>HOTZ, NORMAN S</b> STREET ADDRESS <b>4418 SINTINA COURT</b> CITY-ST-ZIP <b>VENICE, FL 34293</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 as an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>NORMAN S. HOTZ - PRESIDENT</b> 4/19/2006 941-408-7923 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					