

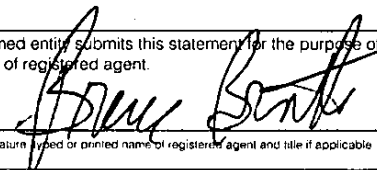
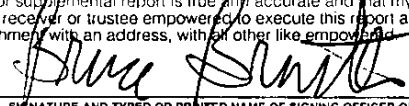


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90047 001 \*\*\*\*61.25

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # N98000004171</b><br>1. Entity Name<br><b>VENETIA NEIGHBORHOOD ASSOCIATION NUMBER ONE, INC.</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>LIGHTHOUSE PROPERTY MANAGEMENT<br/>16 CHURCH ST<br/>OSPREY, FL 34229</b>  |  |   | Mailing Address<br><b>LIGHTHOUSE PROPERTY MANAGEMENT<br/>16 CHURCH ST<br/>OSPREY, FL 34229</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  | 40021500<br><br><br><br>01182008    Chg-NP    CR2E037 (12/06) |  |
| City & State  |  | City & State  |  | 4. FEI Number<br><b>65-0906374</b>  |  |
| Zip                      Country  |  | Zip                      Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRUNETTE, BRUCE<br/>LIGHTHOUSE PROPERTY MGMT<br/>4402 VIA DEL VILLETTI<br/>VENICE, FL 34293</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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:  DATE: <b>2-6-08</b><br><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<br/>Due by May 1, 2008</b>   |  | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>INGLE, LARRY<br>5018 BELLA TERRA<br>VENICE, FL 34293 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Jim Chmielak<br>4382 Via del Villetti<br>Venice, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>BURNETTE, BRUCE<br>4402 VIA DEL VILLETTI<br>VENICE, FL 34293 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>APICELLO, MARY J<br>5035 BELLA TERRA DR<br>VENICE, FL 34293 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ASD<br>LLOYD, KEITH<br>16 CHURCH ST<br>OSPREY, FL 34229 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>HOTZ, NORMAN S<br>4418 SINTINA COURT<br>VENICE, FL 34293 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | COB<br>SCOLARO, JOHN<br>4438 SINTERIA COURT<br>VENICE, FL 34293 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <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 on an attachment with an address, without other like empowerment. |  |   |  |   |  |
| SIGNATURE:  DATE: <b>2-6-08</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>  |  |   |  |   |  |