

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003677	
1. Entity Name NORTH VENICE CONSERVATION ASSOCIATION, INC.	
Principal Place of Business 601 BAYSHORE BLVD, SUITE 650 TAMPA, FL 33606	Mailing Address 601 BAYSHORE BLVD, SUITE 650 TAMPA, FL 33606
DO NOT WRITE IN THIS SPACE	



04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3588834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEEHAN, JEFFREY B 601 BAYSHORE BLVD, SUITE 650 TAMPA, FL 33606	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE, Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNK, CHARLES B 601 BAYSHORE BLVD, SUITE 650 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEHAN, JEFFREY B 601 BAYSHORE BLVD, SUITE 650 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYCHOK, DAN 601 BAYSHORE BLVD, SUITE 650 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/05/05-80035-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

JEFF MEEHAN

Date

4/28/05 813 251-1221

Daytime Phone #