

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90010 048 \*\*\*\*61.25

<b>DOCUMENT # N99000004164</b>					
<b>1. Entity Name</b> VENETIAN ISLES COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3900 WOODLAKE BOULEVARD SUITE 309 LAKE WORTH, FL 33463			<b>Mailing Address</b> 3900 WOODLAKE BOULEVARD SUITE 309 LAKE WORTH, FL 33463		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0975862	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GRS MGMT ASSOC. ATTN: JOE CALBERT 3900 WOODLAKE BOULEVARD SUITE 309 LAKE WORTH, FL 33463			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <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, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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>		
<b>TITLE</b> PD	<b>NAME</b> LEVY, RICHARD		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8029 PISA DRIVE	<b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33437 33472			<b>NAME</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> 2V	<b>NAME</b> SCARNA, VIRGINIA		<input checked="" type="checkbox"/> Delete	<b>NAME</b> 3VAD Gallavollita, Al	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8954 VIA TUSCANY DRIVE	<b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33437			<b>STREET ADDRESS</b> 8327 F Duomo Circle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> 3VPD	<b>NAME</b> MICHALIC, CAROL		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 8444 Loggia Circle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8444 LOGIA CIRCLE	<b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33437			<b>STREET ADDRESS</b> Boynon Beach # 33472	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD	<b>NAME</b> HEFLFMAN, MURRY		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 8542 Royal Verona Cir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8542 ROYAL VERONA CIRCLE	<b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33437			<b>STREET ADDRESS</b> Boynon Bch, # 33472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> S	<b>NAME</b> BERMAN, JANET		<input checked="" type="checkbox"/> Delete	<b>STREET ADDRESS</b> 8537 Via Tusany Dr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8198 DUOMO CIRCLE	<b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33437			<b>STREET ADDRESS</b> Boynon Bch, # 33472	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> 1V	<b>NAME</b> HOLUB, GEORGE		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8773 BELLIDO CIRCLE	<b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33437 33472			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>George A. Holub</i> <b>GEORGE A. HOLUB</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>3/7/08</i> Daytime Phone # <i>561-735-9168</i>					