

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004164

FILED
Feb 18, 2010
Secretary of State

Entity Name: VENETIAN ISLES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3900 WOODLAKE BOULEVARD
SUITE 309
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

3900 WOODLAKE BOULEVARD
SUITE 309
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0975862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRS MGMT ASSOC.
ATTN: JOE GILBERT
3900 WOODLAKE BOULEVARD SUITE 309
LAKE WORTH, FL 33463 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
Name: HOLUB, GEORGE
Address: 8773 BELLIDO CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: 1VPD
Name: FALLAVOLLITA, AL
Address: 8327 DUOMO CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: 2VPD
Name: MICHALIC, CAROL
Address: 8444 LOGIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: 3VPD
Name: TANCREDI, JOE
Address: 8837 VIA TUSCANNY DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: S
Name: FRIEDMAN, HERB
Address: 8316 GRAND MESSINA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: T
Name: LEVY, RICK
Address: 8029 PISA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472

I hereby 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 all other like empowered.

SIGNATURE: CHARLES MCCHESENEY

LCAM

02/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date