

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004311

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: VENETIAN ISLES POD "E" HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

G.R.S. MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., STE. 309  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

G.R.S. MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., STE. 309  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 65-0984885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUY, SHIR ESY  
KAHAN & ASSOCIATES  
1800 NE CORPORATE BLVD  
BOCA RATON, FL 33431 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: 1VPD ( ) Delete  
Name: MICHALIC, CAROL  
Address: 8444 LOGIA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: SD ( ) Delete  
Name: DUTTON, IRENE  
Address: 8556 LOGIA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: 2VPD ( ) Delete  
Name: FINKELSTEIN, SY  
Address: 8370 LOGIA CIR  
City-St-Zip: BOYNTON BCH, FL 33472

Title: PD ( ) Delete  
Name: PINCUS, MARVIN  
Address: 8389 LOGIA CIRCLE  
City-St-Zip: BOYNTON BCH, FL 33472

Title: TD ( ) Delete  
Name: NALICK, JACK  
Address: 8538 LOGIA CIRCLE  
City-St-Zip: BOYNTON BCH, FL 33472

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: MICHALIC, CAROL  
Address: 8444 LOGIA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: 1VPD (X) Change ( ) Addition  
Name: DUTTON, IRENE  
Address: 8556 LOGIA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARVIN PINCUS

PRES

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date