


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90127 035 ****61.25

DOCUMENT # N99000005497 1. Entity Name VENEZIA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4400 WEST SAMPLE RD SUITE 200 COCONUT CREEK, FL 33073-3450		Mailing Address 4400 WEST SAMPLE RD SUITE 200 COCONUT CREEK, FL 33073-3450	
2. Principal Place of Business 1495 North Park Drive Suite, Apt. #, etc.		3. Mailing Address 1495 North Park Drive Suite, Apt. #, etc.	
City & State Weston FL Zip Country 33326 Broward		City & State Weston FL Zip Country 33326 Broward	
4. FEI Number 65-0977955		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINTO COMMUNITIES, INC. ATTN: MICHAEL GREENBERG 4400 WEST SAMPLE RD, SUITE 200 COCONUT CREEK, FL 33073-3450		7. Name and Address of New Registered Agent Bakalar & Eichner, P.A. Westside Corporate Center 150 South Pine Island Road, Suite 540 Plantation, FL 33324	
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 <u>Bakalar & Eichner</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3/8/2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEER, T R 4400 W SAMPLE RD SUITE 200 COCONUT CREEK, FL 330733450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODGERS, FRANK 4400 W SAMPLE RD SUITE 200 COCONUT CREEK, FL 330733450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUADAGNO, CORY 4400 W SAMPLE RD SUITE 200 COCONUT CREEK, FL 330733450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, KEN 17020 SW 53 CT MIRAMAR, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	