
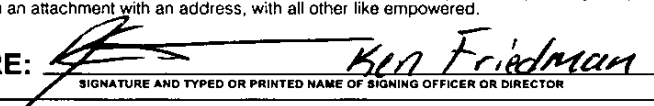


Venezia Homeowners Association, Inc.

**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # N99000005497			
1. Entity Name VENEZIA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1495 N PARK DR FORT LAUDERDALE, FL 33326		Mailing Address 1495 N PARK DR FORT LAUDERDALE, FL 33326	
2. Principal Place of Business - No P.O. Box # 5055 SW 171ST AVENUE Suite, Apt. #, etc.		3. Mailing Address 5055 SW 171ST AVENUE Suite, Apt. #, etc.	
City & State MIRAMAR, FL		City & State MIRAMAR, FL	
Zip 33027	Country	Zip 33027	Country
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		07122007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BAKALAR & EICHNER, PA WESTSIDE CORPORATE CTR 150 S PINE ISLAND RD STE 540 FORT LAUDERDALE, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, ANGEL 1495 N. PARK DR. WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5275 SW 17TH LANE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAFAEL, YARA 1495 N. PARK DR. WEESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17040 SW 53RD COURT MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIEDMAN, KEN 1495 N. PARK DR. WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17020 SW 53RD COURT MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600109594706 09/18/07--01067--010 **306.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 7/22/07 Daytime Phone # 305 421 8925	

FILED

2007 SEP 11 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

