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May 2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2004 8:00 am
Secretary of State
06-18-2004 90001 014 ***550.00

DOCUMENT # P99000045246

1. Entity Name
ISLE OF VENICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
90 ISLE OF VENICE #4A FORT LAUDERDALE, FL 33301	90 ISLE OF VENICE #4A FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

03212003 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZOELLIN, ULRICH M
90 ISLE OF VENICE
#4A
FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GUNTER, GOTT
STREET ADDRESS	90 ISLE OF VENICE APT 10
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	P
NAME	ERNST-DIETER, KIRCHER
STREET ADDRESS	90 ISLE OF VENICE APT 9
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: E. D. Kircher May 12. 04 954-763-5501
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

(Kircher)

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment

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57057862

[redacted]

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SIGNATURE: X _____ May 22. 04 954-763-5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #