

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714445 (4)

1. Corporation Name
SOUTH COUNTY CONDOMINIUM AND APARTMENT ASSOCIATION OF VENICE, INC.



Principal Place of Business Mailing Address
P.O. BOX 275 VENICE FL 34284-7275 P.O. BOX 275 VENICE FL 34284-7275

3. Date Incorporated or Qualified **04/16/1968** 3a. Date of Last Report **03/13/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1643165	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent

**MOORE, ROBERT L.
227 NOKOMIS AVENUE
VENICE FL 34285**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert L. Moore*

2/7/96

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D V. L. BUD MILLER	1.2 NAME	
STREET ADDRESS	333 ESPLANADE, N. VENICE FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD HUGHES, DAVID G.	2.2 NAME	
STREET ADDRESS	999 INLET CIRCLE RD.202B VENICE, FL 00000	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD RIALL, CHARLES	3.2 NAME	
STREET ADDRESS	1200 TARPON CENTER DR108 VENICE, FL 00000	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD LA RUE, DICK	4.2 NAME	
STREET ADDRESS	627 ALHAMBRA RD 402E VENICE, FL 00000	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD MORROW, JAMES	5.2 NAME	
STREET ADDRESS	627 ALHAMBRA RD104E ENGLEWOOD FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD BEAGLEY, DONNA	6.2 NAME	SD Philip Korwek
STREET ADDRESS	627 ALHAMBRA RD 1001E	6.3 STREET ADDRESS	320 North Park Blvd.
CITY - ST - ZIP	VENICE, FL 00000	6.4 CITY - ST - ZIP	Venice, FL 34285

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dick La Rue*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dick La Rue, Treasurer

Jan. 30, 1996

Date

485-5869

Daytime Phone #

CR2E037 (12/95)