

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 706209

**Entity Name:** VENICE GARDENS CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

406 SHAMROCK BLVD  
VENICE, FL 34293

**Current Mailing Address:**

406 SHAMROCK BLVD  
VENICE, FL 34293 US

**FEI Number:** 59-1087285

**Certificate of Status Desired:** No

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

ANGLE, KAREN ANN  
421 SHAMROCK BLVD  
VENICE, FL 34293 US

*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:** KAREN ANN ANGLE

06/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title INTERIM PRESIDENT

Name FELKER, GARY

Address 344 HILLVIEW RD

City-State-Zip: VENICE FL 34293

Title TREASURER

Name ANGLE, KAREN ANN

Address 421 SHAMROCK BLVD

City-State-Zip: VENICE FL 34293

Title SECRETARY

Name ANGLE, KAREN ANN

Address 421 SHAMROCK BLVD

City-State-Zip: VENICE FL 34293

Title DIRECTOR

Name MCNAMEE, PETER

Address 413 CLOVER RD

City-State-Zip: VENICE FL 34285

Title DIRECTOR

Name PIERCE, LIANE

Address 97 CRANE ROAD

City-State-Zip: VENICE FL 34293

Title DIRECTOR

Name ANGLE, JERRY

Address 421 SHAMROCK BLVD

City-State-Zip: VENICE FL 34293

Title DIRECTOR

Name DICKENS, SHIRLEY

Address 1741 CARIBBEAN CIRCLE

City-State-Zip: VENICE FL 34293

Title DIRECTOR

Name ZENNER, JOHN

Address 532 SHERIDAN DRIVE

City-State-Zip: VENICE FL 34293

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** KAREN ANN ANGLE

**SECRETARY/TREASURER** 06/06/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                   |
|-----------------|-------------------|
| Title           | DIRECTOR          |
| Name            | CAZZOLLI, CATHY   |
| Address         | 429 SHAMROCK BLVD |
| City-State-Zip: | VENICE FL 34293   |