

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 12, 2013
Secretary of State
CC0717304816

Entity Name: VENETIAN COVE CLUB, INC.

Current Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104

Current Mailing Address:

P.O. BOX 110339
NAPLES, FL 34108 US

FEI Number: 59-1673835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVE.
NAPLES, FL 34104 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name BLINN, THOMAS
Address 3500 GULF SHORE BLVD N #609
City-State-Zip: NAPLES FL 34012

Title DS
Name FELLERS, ELIZABETH
Address 3500 GULF SHORE BLVD N #304
City-State-Zip: NAPLES FL 34102

Title DT
Name STROME, WILLIAM
Address 3500 GULF SHORE BLVD N #310
City-State-Zip: NAPLES FL 34102

Title D
Name WEINFELD, KEVIN
Address 3500 GULF SHORE BLVD N #401
City-State-Zip: NAPLES FL 34102

Title D
Name FERGUSON, JAMES
Address 3500 GULF SHORE BLVD N. #302
City-State-Zip: NAPLES FL 34102

Title DVP
Name LIFLAND, JOHN
Address 3500 GULF SHORE BLVD. N. #208
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name LJOSNE, OLAV
Address 3500 GULF SHORE BLVD N. #202
City-State-Zip: NAPLES FL 34103

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: THOMAS BLINN

PRESIDENT

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date