

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

DOCUMENT# 729411

**FILED**  
**Apr 19, 2023**  
**Secretary of State**  
**6374582891CC**

**Entity Name:** VENETIAN COVE CLUB, INC.

**Current Principal Place of Business:**

C/O SUNBURST MANAGEMENT CORP  
2675 HORSESHOE DR S #401  
NAPLES, FL 34104

**Current Mailing Address:**

C/O SUNBURST MANAGEMENT CORP  
2675 HORSESHOE DR S #401  
NAPLES, FL 34104 US

**FEI Number:** 59-1673835

**Certificate of Status Desired:** No

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

KUETER, BEVERLY  
2675 S, HORSESHOE DR. #401  
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 SECRETARY  
Name BARUCH, JANE  
Address C/O SUNBURST MANAGEMENT CORP  
2675 HORSESHOE DR S #401  
City-State-Zip: NAPLES FL 34104

Title PRESIDENT  
Name MEEHAN, JOHN  
Address C/O SUNBURST MANAGEMENT CORP  
2675 HORSESHOE DR S #401  
City-State-Zip: NAPLES FL 34104

Title DIRECTOR  
Name FELLERS, BETSY  
Address C/O SUNBURST MANAGEMENT CORP  
2675 HORSESHOE DR S #401  
City-State-Zip: NAPLES FL 34104

Title VP  
Name WILLIAMS, THOMAS  
Address C/O SUNBURST MANAGEMENT CORP  
2675 HORSESHOE DR S #401  
City-State-Zip: NAPLES FL 34104

Title TREASURER  
Name GREIN, THOMAS  
Address C/O SUNBURST MANAGEMENT CORP  
2675 HORSESHOE DR S #401  
City-State-Zip: NAPLES FL 34104

Title DIRECTOR  
Name NIE, WILLIAM  
Address C/O SUNBURST MANAGEMENT CORP  
2675 HORSESHOE DR S #401  
City-State-Zip: NAPLES FL 34104

Title D  
Name WEINFELD, KEVIN  
Address C/O SUNBURST MANAGEMENT CORP  
2675 HORSESHOE DR S #401  
City-State-Zip: NAPLES FL 34104

*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:** JOHN MEEHAN

**PRESIDENT**

**04/19/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date