

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729411

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

**Current Principal Place of Business:**

2675 S, HORSESHOE DR. #401  
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  
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 DVP  
Name BARRETT, BETTY  
Address 3500 GULF SHORE BLVD N #510  
City-State-Zip: NAPLES FL 34012

Title DS  
Name HAHN, CHARLOTTE  
Address 3500 GULF SHORE BLVD N #604  
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 REHRING, WILLIAM  
Address 3500 GULF SHORE BLVD N. #601  
City-State-Zip: NAPLES FL 34102

Title DP  
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:** JOHN LIFLAND

**PRESIDENT**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date