### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 730080** 

Entity Name: VILLAS OF VENICE, INC. CONDOMINIUM ASSOCIATION

**FILED** Jan 24, 2017 **Secretary of State** CC4312738897

## **Current Principal Place of Business:**

899 WOODBRIDGE DR VENICE, FL 34293

### **Current Mailing Address:**

899 WOODBRIDGE DR VENICE, FL 34293 US

FEI Number: 59-1552715 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ADVANCED MANAGEMENT OF SW FLA 899 WOODBRIDGE DR 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title DIRECTOR

MEDRICH, MELVIN Name

899 WOODBRIDGE DRIVE Address

VENICE FL 34293 City-State-Zip:

Title TD

Name SZYMANSKI, BERNARD

Address 899 WOODBRIDGE DRIVE

City-State-Zip: VENICE FL 34293

Title **PRESIDENT** 

WELSH, ROBERT Name

899 WOODBRIDGE DR Address

City-State-Zip: VENICE FL 34293

Title

DIRECTOR

DALEY, THOMAS Name

899 WOODBRIDGE DR Address

VENICE FL 34293 City-State-Zip:

Title DIRECTOR

Name MUELLER, MICHAEL

899 WOODBRIDGE DRIVE Address

City-State-Zip: VENICE FL 34293

Title DIRECTOR

Name CLIFFORD, JAMES Address 899 WOODBRIDGE DR

VENICE FL 34293

City-State-Zip:

Title **SECRETARY** 

Name CZAJKOWSKY, ROMAN

Address 899 WOODBRIDGE DR

City-State-Zip: VENICE FL 34293

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: BERNARD SZYMANSKI

Electronic Signature of Signing Officer/Director Detail

TREASURER

01/24/2017

Date