

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730080

Entity Name: VILLAS OF VENICE, INC. CONDOMINIUM ASSOCIATION**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
9031 TOWN CENTER PRKWY
BRADENTON, FL 34202 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	PRESIDENT
Name	CLIFFORD, JIM
Address	899 WOODBRIDGE DR
City-State-Zip:	VENICE FL 34293

Title	TREASURER
Name	LOVELL, RICK
Address	899 WOODBRIDGE DR
City-State-Zip:	VENICE FL 34293

Title	VP
Name	CIELINSKI, JOSEPH
Address	899 WOODBRIDGE DR
City-State-Zip:	VENICE FL 34293

Title	SECRETARY
Name	BUTENHOFF, MATTHEW
Address	899 WOODBRIDGE DR
City-State-Zip:	VENICE FL 34293

Title	DIRECTOR
Name	MUELLER, MICHAEL
Address	899 WOODBRIDGE DR
City-State-Zip:	VENICE FL 34293

Title	DIRECTOR
Name	DICICCO, SABATO
Address	899 WOODBRIDGE DR
City-State-Zip:	VENICE FL 34293

Title	DIRECTOR
Name	TOWNSEND, SARAH
Address	899 WOODBRIDGE DR
City-State-Zip:	VENICE FL 34293

Title	ASST. SECRETARY
Name	WILSON, MATHEW D
Address	C/O ADVANCED MANAGEMENT, INC. 9031 TOWN CENTER PRKWY
City-State-Zip:	BRADENTON FL 34202

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: MATHEW D WILSON**ASST SECRETARY****02/16/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date