

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000112

FILED
Feb 10, 2016
Secretary of State
CC5282644003

Entity Name: VENETIAN MOBILE HOME OWNERS, INC.

Current Principal Place of Business:

5475 3RD LANE NO.
SAINT PETERSBURG, FL 33703-2399

Current Mailing Address:

MARY SHAY
5500 2ND WAY N
SAINT PETERSBURG, FL 33703 US

FEI Number: 59-2504898

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POTTER, BARBARA
5425 1ST WAY N
SAINT PETERSBURG, FL 33703 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: BARBARA POTTER

02/10/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SHAY, MARY
Address 5500 2ND WAY N
City-State-Zip: SAINT PETERSBURG FL 33703

Title TREASURER
Name BEAUCHAMP, LOUISE
Address 5455 3RD WAY N
City-State-Zip: SAINT PETERSBURG FL 33703

Title VP
Name KNOX, CATHY
Address 5510 2ND WAY N
City-State-Zip: SAINT PETERSBURG FL 33703

Title SECRETARY
Name POTTER, BARBARA
Address 5425 1ST WAY N
City-State-Zip: SAINT PETERSBURG FL 33703

Title DIRECTOR
Name GLADUE, MICHAEL
Address 269 BARNARD BLVD N
City-State-Zip: SAINT PETERSBURG FL 33703

Title DIRECTOR
Name BOYLE, ROBERT
Address 5424 1ST LANE N
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR
Name KING, RICHARD
Address 5632 1ST LANE N
City-State-Zip: ST PETERSBURG FL 33703

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: BARBARA POTTER

SECRETARY

02/10/2016

Electronic Signature of Signing Officer/Director Detail

Date