

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N97000000548

**Entity Name:** VENICE ISLE ACTIVITIES CLUB, INC.

**Current Principal Place of Business:**

603 ROMA RD.  
VENICE, FL 34285

**Current Mailing Address:**

603 ROMA RD  
VENICE, FL 34285 US

**FEI Number:** 65-0742842

**Certificate of Status Desired:** No

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

GORDON, SCOTT E  
TWO NORTH TAMiami TRAIL  
SUITE 500  
SARASOTA, FL 34236 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 P  
Name NUZZO, RICHARD  
Address 411 VIA VENETO  
City-State-Zip: VENICE FL 34285

Title V  
Name MARTINEK, WALTER  
Address 510 ROMA RD  
City-State-Zip: VENICE FL 34285

Title S  
Name CONKLIN, PRISCILLA  
Address 413 VASTO DR  
City-State-Zip: VENICE FL 34285

Title T  
Name DURBIN, JOYCE  
Address 309 MANTUA DR  
City-State-Zip: VENICE FL 34285

Title D  
Name SOUSA, MARY ANN  
Address 408 VIA VENETO  
City-State-Zip: VENICE FL 34285

Title D  
Name GEN, YOUDELIS  
Address 413 VIA VENTO  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name SCIALPI, SKIP  
Address 987 JOLANDA CIR  
City-State-Zip: VENICE FL 34285

Title DIRECTOR  
Name MCCULLOCH, SANDI  
Address 223 ROMA RD  
City-State-Zip: VENICE FL 34285

**Continues on page 2**

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:** JOYCE DURBIN

**TREASURER**

**03/28/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	HOLSGROVE, ROBERT
Address	519 ROMA RD
City-State-Zip:	VENICE FL 34285