

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90235 001 15,496.25

<b>DOCUMENT # 740822</b>					
<b>1. Entity Name</b> VENTNOR "A" CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			<b>Mailing Address</b> CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03182007    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 59-1922114				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CONDOMINIUM ORGANIZATION OF CENTURY VILLAGE EAST, INC. 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD <b>NAME</b> CHIORAZZI, JOHN <b>STREET ADDRESS</b> VENTNOR A 7 <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete				
<b>TITLE</b> VD <b>NAME</b> FRIEDMAN, IRIS <b>STREET ADDRESS</b> 12 VENTNOR A <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> CHIORAZZI, PEGGY <b>STREET ADDRESS</b> 7 VENTOR A <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete				
<b>TITLE</b> TS <b>NAME</b> DELLINGER, BILL <b>STREET ADDRESS</b> 410 S. POWERLINE ROAD <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> VESUVIO, DOMINCK <b>STREET ADDRESS</b> VENTNOR A 11 <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> HEROUX, RENEE <b>STREET ADDRESS</b> VENTNOR A 1 <b>CITY-ST-ZIP</b> DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VD <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>John Chiorazzi</i> <b>JOHN CHIORAZZI</b> 4/15/07    (954) 429-3345					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					