


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-08-2008 90101 001 15,496.25

DOCUMENT # 740833			
1. Entity Name VENTNOR "L" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business CONDO OWNER ORG. OF CENTURY VILLAGE E 3501 W DR DEERFIELD BEACH, FL 33442		Mailing Address CONDO OWNER ORG. OF CENTURY VILLAGE E 3501 W DR DEERFIELD BEACH, FL 33442	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02052008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1923067		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CONDO OWNERS OF CENTURY VILLAGE EAST 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P MCMANON, BARRY 195 VENTNOR L DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE UPD PHYLLIS PISTOLIS 191 VENTNOR 'L' D.B # 33442
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D PISTOLIS, PHYLLIS 191 VENTNOR L DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE PD BARRY McMAHON 195 VENTNOR 'L' D.B # 33442
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D KATCHER, SYLVIA 190 VENTNOR L DEERFIELD BCH., FL	<input type="checkbox"/> Delete	TITLE SD PENNY McMAHON 195 VENTNOR 'L' D.B 33442
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D KATCHER, SYLVIA 190 VENTNOR L DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE TD ARLEEN CRAFT 181 VENTNOR 'L' D.B # 33442
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T CRAFT, ARLEEN 181 VENTNOR L DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S McMAHON, RONNY 195 VENTNOR L DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
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.			
SIGNATURE: <u>Barry McMahon</u>		DATE: <u>4/10/08</u> (954)420-0154	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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