


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90162 040 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747359**

1. Corporation Name  
**VENTURA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business ATTN: NANCY UVEGES, PROPERTY MANAGER 2301 SOUTH OCEAN BLVD., UNIT #A-2 BOCA RATON FL 33432	Mailing Address C/O TRICOM MANAGEMENT INC 1300 N. KELLOGG DRIVE SUITE B ANAHEIM CA 92807 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/24/1979
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-2171973
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  WEBB, ROBERT BAKER & HOSTETLER 200 S. ORANGE AVENUE, SUITE 2300 SUN BANK FL 32801	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T - D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GERALD	1.2 NAME	
STREET ADDRESS	<del>350 CONVERSE</del> 1300 Kellogg Dr. Ste B	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLARIMONT CA Anaheim, Ca. 92807	1.4 CITY-ST-ZIP	
TITLE	P - D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROZEN, NEIL	2.2 NAME	
STREET ADDRESS	<del>719 W. MINNEAPOLIS PKWY</del> 1300 Kellogg Dr	2.3 STREET ADDRESS	Ste. B
CITY-ST-ZIP	MINNEAPOLIS MN Anaheim, Ca 92807	2.4 CITY-ST-ZIP	
TITLE	S - D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTON, DAVID	3.2 NAME	
STREET ADDRESS	<del>8907 ROYAL OAK DR</del> 1300 Kellogg Dr	3.3 STREET ADDRESS	Ste. B
CITY-ST-ZIP	LOUISVILLE KY Anaheim, Ca. 92807	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Neil Brozen DATE: 4/26/99 DAYTIME PHONE #: 012832473  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)