2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # 747359

1. Entity Name

Principal Place of Business

VENTURA CONDOMINIUM ASSOCIATION, INC.



FILED Aug 16, 2000 8:00 am Secretary of State

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ATTN: NANCY UVEGES, PROPERTY MANAGER C/O TRICOM MANAAGEMENT INC 1300 N. KELLOGG DRIVE SUITE B 2301 SOUTH OCEAN BLVD., UNIT #A-2 **BOCA RATON FL 33432** ANAHEIM CA 92807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO:NOT WRITE IN THIS SPACE Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State 59-2171973 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WEBB, ROBERT BAKER & HOSTETLER 200 S. ORANGE AVENUE, SUTIE 2300 Zip Code City SUN BANK FL 32801 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Department of State After September 13, 2000 min. will be \$236.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (2/00)Change Addition m Defete TITLE TITLE NAME NAME DAVIS, GERALD **CR2E037** STREET ADDRESS STREET ADDRESS 1300 KELLOGG DR STE B CITY-ST-ZIP CITY-ST-ZIP **ANAHEIM CA 92807** PD MAKAS, GEORGE TITLE Delete TITLE BROZEN, NEIL NAME 1300 KELLOGG DR., STE. B STREET ADDRESS STREET ADDRESS 1300 KELLOGG DR STE B ANAHEIM, CA. CITY-ST-7IP CITY-ST-ZIP anaheim CA 92807 A Change Addition SD TITLE Delete Delete TITLE SD WESTON-DAVID-NAME **MANC** MCCOLLUM, GARY STREET ADDRESS 1300 KELLOGG DR STE B STREET ADDRESS 1300 KELLOGG DR., STE. B CITY-ST-ZIP CITY+ST-ZIP ANAHEIM CA 92807 ANAHEIM, CA. --92807 Change ☐ Addition □ Ωelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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 attachm

SIGNATURE: