2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747359

1. Entity Name

VENTURA CONDOMINIUM ASSOCIATION, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90192 029 ****61.25

Principal Place of Business ATTN: NANCY UVEGES. PROPERTY MANAGER 2301 SOUTH OCEAN BLVD UNIT #A-2 BOCA RATON FL 33432 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Mailing Address C/O TRICOM MANAAGEMENT INC 1300 N. KELLOGG DRIVE SUITE B ANAHEIM CA 92807 US 3 Mailing Address City & State City & State 4. FEI Number 59-2171973	CHANGES		
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING C	CHANGES	;	
G CHECK HERE II WAKING C	A		
City & State	N	pplied For	
		ot Applicable	
	e Requir	ditional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Age	ent		
_ Name			
GURTHRIE, BILL BAKER & HOSTETLER 200 S. ORANGE AVENUE, SUTIE 2300			
SUN BANK FL 32801	Zip Cod	de	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Forida Departm			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CTORS II	N 10	
TITLE SDT Delete TITLE NAME BROZEN, NEIL STREET ADDRESS CITY-ST-ZIP ANAHEIM CA 92807 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change	Addition	
TITLE VPD Delete TITLE NAME FINK, MELVIN NAME STREET ADDRESS CITY-ST-ZIP ANAHEIM CA 92807 TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ Change	☐ Addition	
LIDD	Change	Addition	
TITLE PD Delete TITLE NAME BOWCOCK, BRIAN NAME STREET ADDRESS CITY-ST-ZIP ANAHEIM CA 92807 TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
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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:

2/4/03 777-3700