

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90019 025 ****61.25

DOCUMENT # N99000003057



1. Entity Name
VENTANAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2600 LUCERNE DR. 2600 LUCERNE DR.
 TALLAHASSEE FL 32303 TALLAHASSEE FL 32303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-0927935 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, MARTIN S
2548 BLAIRSTONE PINES DR.
TALLAHASSEE FL 32301

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.

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	GRANTHAM, OLIN R	2600 LUCERNE DR.	TALLAHASSEE FL 32303	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BEVIS, BERT	2600 LUCERNE DR.	TALLAHASSEE FL 32303	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	QUICK, THOMAS E	2700 HADLEY RD.	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	D	Kelly Stewart	2600 Lucerne Dr.	Tallahassee, FL 32303	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	D	Jonathan Catchman	2600 Lucerne Dr.	Tallahassee, FL 32303	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **08-04-00** Daytime Phone #: **562-6906**

CR2E037 (5/00)