


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Roberts MAY 02 2005

DOCUMENT # N99000003057 1. Entity Name VENTANAS HOMEOWNERS' ASSOCIATION, INC.	
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FILED

05 APR 28 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

Principal Place of Business 2600 LUCERNE DR. TALLAHASSEE FL 32303	Mailing Address 2600 LUCERNE DR. TALLAHASSEE FL 32303
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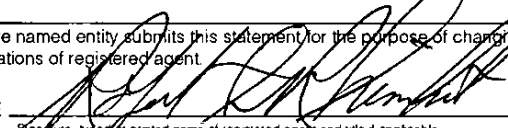
2. Principal Place of Business 644 Capital Circle NE Suite, Apt. #, etc.	3. Mailing Address PO BOX 13089 Suite, Apt. #, etc.
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City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number 65-0927935	Applied For <input type="checkbox"/> Not Applicable
Zip 32301	Country US	Zip 32317	Country US

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRIEDMAN, MARTIN S 2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Robert S. Rhinehart Street Address (P.O. Box Number is Not Acceptable) 644 Capital Circle NE City Tallahassee FL Zip Code 32301
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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 _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		Delete
TITLE	D GRANTHAM, OLIN R	<input checked="" type="checkbox"/>
NAME	2600 LUCERNE DR.	
STREET ADDRESS	TALLAHASSEE FL 32303	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/>
NAME	MACDONALD, KELLY	
STREET ADDRESS	2600 LUCERNE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/>
NAME	CATCHMAN, JONATHAN	
STREET ADDRESS	2600 LUCERNE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
NAME	Keith Neel		
STREET ADDRESS	2213 Delta Ln		
CITY-ST-ZIP	Tallahassee, FL. 32303		
TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
NAME	Michael Mastry		
STREET ADDRESS	2208 Delta Ln.		
CITY-ST-ZIP	Tallahassee, FL. 32303		
TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
NAME	AnnMarie Arnold		
STREET ADDRESS	2194 Delta Way		
CITY-ST-ZIP	Tallahassee, FL 32303		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:  DATE: **4/28/05** DAYTIME PHONE #: **850 245-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR