

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003057

FILED
May 08, 2006
Secretary of State

Entity Name: VENTANAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

644 CAPITAL CIR NE
TALLAHASSEE, FL 32301

New Principal Place of Business:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

Current Mailing Address:

P O BOX 13089
TALLAHASSEE, FL 32317

New Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

FEI Number: 65-0927935 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RHINEHART, ROBERT S
644 CAPITAL CIR N E
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ISAACS, DAN L
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

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: DAN LEE ISAACS

05/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEEL, KEITH
Address: 2213 DELTA LN
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MASTRY, MICHAEL
Address: 2208 DELTA LN
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: ARNOLD, ANNMARIE
Address: 2194 DELTA WAY
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KALFAS, JIMMY
Address: 2165 DELTA WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Change () Addition
Name: HULL, DONNA
Address: 2170 DELTA WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: DVP (X) Change () Addition
Name: ARNOLD, ANNMARIE
Address: 2194 DELTA WAY
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMY KALFAS

DP

05/08/2006

Electronic Signature of Signing Officer or Director

Date