

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003057

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** VENTANAS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309 US

**Current Mailing Address:**

PO BOX 13089  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

POST OFFICE BOX 11143  
TALLAHASSEE, FL 32309 US

**FEI Number:** 65-0927935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RHINEHART, ROBERT S  
644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT  
2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309 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: JOANIE D. TROTMAN

04/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BARE, CEIL  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: DVP  
Name: HULL, DONNA  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: DST  
Name: MACFALL, KATHERINE  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D  
Name: BOWDEN, DIANE  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D  
Name: HERTZ, HELGA  
Address: POST OFFICE BOX 11143  
City-St-Zip: TALLAHASSEE, FL 32309 US

I hereby 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 all other like empowered.

SIGNATURE: JOANIE D. TROTMAN

CAM

04/11/2011

Electronic Signature of Signing Officer or Director

Date