

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003057

FILED
Apr 02, 2012
Secretary of State

Entity Name: VENTANAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2121 KILLARNEY WAY
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 11143
TALLAHASSEE, FL 32309 US

New Mailing Address:

POST OFFICE BOX 11143
TALLAHASSEE, FL 32302 US

FEI Number: 65-0927935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT
2121 KILLARNEY WAY
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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: _____

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 TROTMAN

RA

04/02/2012

Electronic Signature of Signing Officer or Director

Date