


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 741802 1. Entity Name VENTURA CAPTIVA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 15221 CAPTIVA DR. CAPTIVA, FL 33924 US	Mailing Address P.O. BOX 1085 CAPTIVA, FL 33924 US
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1894960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCCLURE, JEROLD
15221 CAPTIVA DR.
UNIT 5B
CAPTIVA, FL 33924

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000927301 05/20/08-80101-012 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLURE, JEROLD P.O. BOX 1085 CAPTIVA, FL 33924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNIGHT LOIS 809 TIMBER LANE NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERNNARD, PAUL J 1213 DORCHESTER BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/21/08** **278**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #