

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741802

FILED
Apr 21, 2009
Secretary of State

Entity Name: VENTURA CAPTIVA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

15221 CAPTIVA DR.
CAPTIVA, FL 33924 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1085
CAPTIVA, FL 33924 US

New Mailing Address:

FEI Number: 59-1894960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLURE, JEROLD
15221 CAPTIVA DR.
UNIT 5B
CAPTIVA, FL 33924 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: PD () Delete
Name: MCCLURE, JEROLD
Address: P.O. BOX1085
City-St-Zip: CAPTIVA, FL 33924

Title: VD () Delete
Name: KNIGHT LOIS
Address: 809 TIMBER LANE
City-St-Zip: NASHVILLE, TN 37215

Title: STD () Delete
Name: BERNNARD, PAUL J
Address: 1213 DORCHESTER
City-St-Zip: BIRMINGHAM, MI 48009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JEROLD MCCLURE

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date