

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

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90002 012 ****61.25

DOCUMENT # 747359

Entity Name

VENTURA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

ATTN: PROPERTY MANAGER
2301 SOUTH OCEAN BLVD., UNIT #A-2
BOCA RATON, FL 33432

Mailing Address

C/O TRICOM MANAGEMENT INC
1300 N. KELLOGG DRIVE SUITE B
ANAHEIM, CA 92807 US



05292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2171973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GURTHRIE, BILL
BAKER & HOSTETLER
200 S. ORANGE AVENUE, SUITE 2300
SUN BANK, FL 32801

**DO NOT WRITE
IN THIS SPACE**

I, 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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: VP
NAME: SCHECHTER, HERBERT
STREET ADDRESS: 1300 KELLOGG DR STE B
CITY-ST-ZIP: ANAHEIM, CA 92807

TITLE: VPD
NAME: FINK, MELVIN
STREET ADDRESS: 1300 KELLOGG DR STE B
CITY-ST-ZIP: ANAHEIM, CA 92807

TITLE: T
NAME: LUTZKER, GERI
STREET ADDRESS: 1300 KELLOGG DR STE B
CITY-ST-ZIP: ANAHEIM, CA 92807

TITLE: PD
NAME: BOWCOCK, BRIAN
STREET ADDRESS: 1300 KELLOGG DR STE B
CITY-ST-ZIP: ANAHEIM, CA 92807

TITLE: S
NAME: CARTER, DOUG
STREET ADDRESS: 1300 KELLOGG DR, STE B
CITY-ST-ZIP: ANAHEIM, CA 92807

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian Bowcock **BRIAN BOWCOCK** 6-1-08 909 596-4719