

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **754949** (6)

1. Corporation Name

VENTURA COUNTRY CLUB COMMUNITY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3201 WOODGATE BLVD
ORLANDO FL 32822
US**

**3201 WOODGATE BLVD
ORLANDO FL 32822
US**



3. Date Incorporated or Qualified

10/31/1980

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORENDER, M G
% GOLFTRUST, INC.
3201 WOODGATE BLVD.
ORLANDO FL 32822**

81 Name

JOHNNIE L. BUTLER

82 Street Address (P.O. Box Number is Not Acceptable)

3703 Atrium Drive

83

84 City

Orlando,

FL

85 Zip Code

32822

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **JOHNNIE L. BUTLER, AGENT**

Johnnie L. Butler

3/10/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLOOMINGBURG, EARL	
STREET ADDRESS	4027 ATRIUM DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VAN HOOSE, H E	
STREET ADDRESS	3684 IDLE HR DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTINA, FRANK	
STREET ADDRESS	6134 BURNSIDE CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, JEANNE	
STREET ADDRESS	2680 SHADYBRANCH DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, JEANNE	
STREET ADDRESS	2680 SHADYBRANCH DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, RALPH	
STREET ADDRESS	2885 AUTUMN GREEN DR	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MELLON, GERALD F.	
1.3 STREET ADDRESS	6254 Gardenvue Ct.	
1.4 CITY-ST-ZIP	Orlando, Florida 32822	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BLOOMINGBURG, EARL	
2.3 STREET ADDRESS	4027 Atrium Drive	
2.4 CITY-ST-ZIP	Orlando, Florida 32822	
3.1 TITLE	SEC/TREAS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HAMRAC, MICHAEL	
3.3 STREET ADDRESS	6398 Greengate Drive	
3.4 CITY-ST-ZIP	Orlando, FL 32822	
4.1 TITLE	HOLMAN, HENRY DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	2900 Bridgegate Ct.	
4.3 STREET ADDRESS	Orlando, FL 32822	
4.4 CITY-ST-ZIP		
5.1 TITLE	HILL, RALPH DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2885 Autumn Green Drive	
5.3 STREET ADDRESS	Orlando, FL 32822	
5.4 CITY-ST-ZIP		
6.1 TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VANHOOSE, H.E.	
6.3 STREET ADDRESS	3684 Idle Hour Drive	
6.4 CITY-ST-ZIP	Orlando, FL 32822	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of the Florida Statutes, Chapter 617, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald F. Mellon

GERALD F. MELLON, PRESIDENT 407/384-7118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)