


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754949 (6)
1. Corporation Name
VENTURA COUNTRY CLUB COMMUNITY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3201 WOODGATE BLVD ORLANDO FL 32822 US	Mailing Address 3201 WOODGATE BLVD ORLANDO FL 32822-4095 US
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/31/1980	3a. Date of Last Report 03/26/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2107667	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25 ORANGE	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent BUTLER, JONNIE L 3703 ATRIUM DRIVE 3201 WOODGATE BLVD. ORLANDO FL 32822				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MELLON, GERALD F 6254 GARDENVIEW CT ORLANDO FL 32822	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BLOOMINGBURG, EARL 4027 ATRIUM DRIVE ORLANDO FL 32822	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD HAMRAC, MICHAEL 6398 GREENGATE DRIVE ORLANDO FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	TD MOSELEY, THEODORE F.
STREET ADDRESS		3.3 STREET ADDRESS	3370 GANDLERIDGE COURT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE	D HOLMAN, HENRY 2900 BRIDGEGATE CT ORLANDO FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SD OPSAHL, MURIEL
STREET ADDRESS		4.3 STREET ADDRESS	6463 PINEWOOD DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE	D HILL, RALPH 2885 AUTUMN GREEN DRIVE ORLANDO FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D HEPPNER, FRED
STREET ADDRESS		5.3 STREET ADDRESS	3374 BROOKWATER CIRCLE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE	D VANHOOSE, H.E. 3684 IDLE HOUR DRIVE ORLANDO FL 32822	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: THEODORE F. MOSELEY **4-30-97 (407) 275-7002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017810

CR2E037 (9/96)