

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3301 WOODGATE BLVD ORLANDO FL 32822 US	Mailing Address 3201 WOODGATE BLVD ORLANDO FL 32822 US
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3. Date Incorporated or Qualified 10/31/1980	
4. FEI Number 59-2107667	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 32822-4095	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 32822-4095
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BUTLER, JONNIE L. 3703 ATRIUM DRIVE 3201 WOODGATE BLVD. ORLANDO FL 32822
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10. Name and Address of New Registered Agent 81 Name Brenda Languis 82 Street Address (P.O. Box Number is Not Acceptable) 3201 Woodgate Drive 83 84 City Orlando 85 Zip Code FL 32822-4095

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 Brenda L. Languis DATE 3/11/98
Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELLON, GERALD F 6254 GARDENVIEW CT ORLANDO FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOOMINGBURG, EARL 4027 ATRIUM DRIVE ORLANDO FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSELEY, THEODORE F 3270 CANDLERIDGE COURT ORLANDO FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OPSAHL, MURIEL 6463 PINWOOD DRIVE ORLANDO FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPPNER, FRED 3374 BROOKWATER CIR. ORLANDO FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANHOOSE, H.E. 3684 IDLE HOUR DRIVE ORLANDO FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D JONNIE L. BUTLER 3703 ATRIUM DRIVE ORLANDO, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD EUGENE TELEP 6029 LAKEPOINTE DRIVE #212 ORLANDO, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	32822 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PD 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D GEORGE F. SCHRADER 2805 SUGARHILL COURT ORLANDO, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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: Muriel A. Opsahl DATE 3/11/98

CR2037 (10/97)