


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90046 006 ****61.25

DOCUMENT # 754949
 1. Entity Name
VENTURA COUNTRY CLUB COMMUNITY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **3333 WOODGATE BLVD. ORLANDO FL 32822 US**
 Mailing Address: **3333 WOODGATE BLVD ORLANDO FL 32822 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country Zip: Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
TAYLOR, ROBERT L
850 CONCOURSE PKWY S. SUITE 105
MAITLAND FL 32751

4. FEI Number: **59-2107667** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SOULARD, ROBERT	
STREET ADDRESS	3202 CANDLERIDGE DR.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEES, DANIEL S	
STREET ADDRESS	6533 DOVER COVE DR.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ROBERT	
STREET ADDRESS	2931 HEATHERSIDE AVE.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AUSTHOF, LAURIE	
STREET ADDRESS	3358 BROOKWATER CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOULARD, ROBERT	
STREET ADDRESS	3202 CANDLERIDGE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUMPHREY, ELAINE	
STREET ADDRESS	3507 CLEAR STREAM DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Bak	
STREET ADDRESS	2757 Autumn Green Dr.	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Alafat	
STREET ADDRESS	3408 Brookwater Cir	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurie Austhof	
STREET ADDRESS	3358 Brookwater Circle	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marsha Davis	
STREET ADDRESS	2931 Heatherside Avenue	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Krieb	
STREET ADDRESS	3426 Pinebrook Ct.	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pauline Tindale	
STREET ADDRESS	135 Sunnyvale Drive	
CITY-ST-ZIP	Orlando, FL 32822	

12. 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 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 like empowered.

SIGNATURE: Laurie Austhof Date: 3/17/05 Daytime Phone #: 407/275-7002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR