


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90032 022 ****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 3333 Woodgate Blvd. | 3. Mailing Address 3333 Woodgate Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|------------------------------------|------------------------------------|
| City & State Orlando, FL | City & State Orlando, FL |
|------------------------------------|------------------------------------|

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip 32822 | Country USA | Zip 32822 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

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



03102006 Chg-NP CR2E037 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 59-2107667 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

| | | | |
|---|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BAK, PATRICIA 2757 AUTUM GREEN DR ORLANDO, FL 32822 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Bak, Patricia 2757 Autumn Green Drive Orlando, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ALAFAT, JAMES 3408 BROOKWATER CIR ORLANDO, FL 32822 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AUSTHOF, LAURIE 3358 BROOKWATER CIRCLE ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, MARSHA 2931 HEATHERSIDE AVENUE ORLANDO, FL 32822 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Davis, Marsha 2931 Heatherside Avenue Orlando, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SOULARD, ROBERT 3202 CANDLERIDGE DRIVE ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Ambrogne, April 3951 Atrium Drive Orlando, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TINDALE, PAULINE 135 SUNNYVALE DRIVE ORLANDO, FL 32822 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 like empowered.

SIGNATURE: Patricia S. Bak Patricia S. Bak 3/15/06 (407) 275-7002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 4003605

#754949

| | |
|---------|------------------------|
| TITLE | D. |
| NAME | BUSCONI, JOHN |
| ADDRESS | 3792 Southpointe Drive |
| ADDRESS | Orlando, FL 32822 |

| | |
|---------|-----------------------|
| TITLE | D |
| NAME | LEES, DANIEL S. |
| ADDRESS | 6533 Dover Cove Drive |
| ADDRESS | Orlando, FL 38222 |

| | |
|---------|-----------------------|
| TITLE | D |
| NAME | SLIMAK, DAVID |
| ADDRESS | 3623 Cherryhill Drive |
| ADDRESS | Orlando, FL 32822 |

| | |
|---------|---------------------|
| TITLE | D |
| NAME | CHANNING, MARK |
| ADDRESS | 6138 Raintree Drive |
| ADDRESS | Orlando, FL 32822 |