

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90209 016 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2107667	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, ROBERT L 850 CONCOURSE PKWY S. SUITE 105 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 4-25-08	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	VP BAK, PATRICIA 2757 AUTUMN GREEN DRIVE ORLANDO, FL 32822	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bak, Patricia 2757 Autumn Green Drive Orlando, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALAFAT, JAMES 3408 BROOKWATER CIR ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Roberts, Nanna 3518 Clearstream Drive Orlando, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSCONI, JOHN 3792 SOUTHPOINTE DRIVE ORLANDO, FL 32822	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Busconi, John 3792 Southpointe Drive Orlando, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, MARSHA 2931 HEATHERSIDE AVENUE ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Hartman, Carol D. 3448 Brookwater Circle Orlando, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMBROGNE, APRIL 3951 ATRIUM DRIVE ORLANDO, FL 32822	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ambrogne, April 3951 Atrium Drive Orlando, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINDALE, PAULINE 135 SUNNYVALE DRIVE ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Opsahl, Muriel 6463 Pinewood Drive Orlando, FL 32822
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-25-08 (407) 275-7002	