

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90745 011 ****61.25

DOCUMENT # 754949

1. Entity Name

VENTURA COUNTRY CLUB COMMUNITY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**3201 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32822

Country

USA

Zip

Country

4. FEI Number **59-2107667**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEES, DANIEL S
6533 DOVER COVE DR.
ORLANDO FL 32822**

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: *[Signature]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/03
DATE

FILE NOW: FEE IS \$61.25

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** ☒ Delete
NAME **SMITH, HENRIETTA**
STREET ADDRESS **3419 BROOKWATER CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **PD** ☐ Delete
NAME **LEES, DANIEL S**
STREET ADDRESS **6533 DOVER COVE DR.**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **TD** ☒ Delete
NAME **APSAHI, MURIEL**
STREET ADDRESS **6463 PINWOOD DRIVE**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☒ Delete
NAME **WYMAN, BETTY**
STREET ADDRESS **3558 CHERRYHILL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **SD** ☐ Delete
NAME **AMBRÖGNE, APRIL**
STREET ADDRESS **3951 ATRIUM DRIVE**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☐ 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** ☒ Change ☐ Addition
NAME **Soulard, Robert**
STREET ADDRESS **3202 Candleridge Drive**
CITY-ST-ZIP **Orlando, FL 32822**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **Hays, J. K.**
STREET ADDRESS **6134 Raintree Drive**
CITY-ST-ZIP **Orlando, FL 32822**

TITLE **D** ☒ Change ☐ Addition
NAME **Carr, William**
STREET ADDRESS **6509 Autumn Cove Drive**
CITY-ST-ZIP **Orlando, FL 32822**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **REOR, H. SOULARD**

(3/6/03) (ART) 215-70A2

CR2E037 (10/02)

Attachment

70026540
#754949

TITLE: D
NAME: Telep, Eugene
ADDRESS: 6029 Lakepointe Drive #212
CITY STATE ZIP: Orlando, FL 32822

TITLE: D
NAME: Cicchetti, John
ADDRESS: 3464 Brookwater Circle
CITY STATE ZIP: Orlando, FL 32822

TITLE: to be announced
NAME:
ADDRESS:
CITY STATE ZIP:

TITLE:
NAME:
ADDRESS:
CITY STATE ZIP: