2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCI IMENT # NO2997 A THE

FILED
Jan 07, 2005 8:00 am
Secretary of State

1. Entity Nam	WEN I # NU2997 VEN ESTATES HOMEOW	01-07-2005 90015 003 ****61.25					
Principal Place of Business 5400 HUCKLEBERRY LAKE DR SEBRING, FL 33871-3444 US Mailing Address PO BOX 7183 SEBRING, FL 33872-0104 US			104 US				
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052005 Chg-NP CR2E037 (10/03)			
City & State		City & State	<u> </u>	4. FEI Number Applied For NOT APPLICABLE Not Applicable			
Zip Country Zip		Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent			
MUIR, NIE	a v -		Name	ا چينه است. د د د د د د د د د د د د د د د د د د د			
5312 ERIE			Street Address	(P.O. Box Number is Not Acceptable)			
			City	⊏∎ Žip Code			
<u> </u>				FL Zip Code			
the obligat	enamed entity submits this statement folions of registered agent.	or the purpose of changing its a	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE			
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund C	ontribution.	\$5.00 May Be Added to Fees			
10.	Due by May 1, 2005 OFFICERS AND D	Trust Fund Co	ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TTLE	OFFICERS AND D	Trust Fund C	ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME	OFFICERS AND D TRAUTMAN, BOB	Trust Fund Co	11.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition			
TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND D TRAUTMAN, BOB 4208 VIRGINIA AVE	Trust Fund Co	ontribution. 11. ITILE NAME STREET ADDRESS 57	\$5.00 May Be Added to Fees Make check payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition Addition EL MUIYA			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2005 OFFICERS AND D TRAUTMAN, BOB 4208 VIRGINIA AVE SEBRING, FL 33875 V GLEN, HAWKINS	Trust Fund Co	ontribution.	\$5.00 May Be Added to Fees			
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I nereby 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 AND TYPED OR PRINTED NAME OF SIGNOIG OFFICER OR DIRECTOR

863

Deytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	AIIIIVAL	. KEPUK I				
1. Entity Nam	MENT # N02997 VEN ESTATES HOMEOW	NERS ASSOCIATION,		A	TTACHMENT	-1
Principal Place of Business 5400 HUCKLEBERRY LAKE DR SEBRING, FL 33871-3444 US		Mailing Address PO BOX 7183 SEBRING, FL 33872-0104 US		20000448		
2. Principal Place of Business		3. Mailing Address		5		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052005 Chg-NP CR2E037 (10/03)		
City & State		City & State		4. FEI Number Applied For NOT APPLICABLE Not Applicable		
Zip	Country	Zip	Country	5. Certificate of State	Fee Required	onal
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered Agent	
MUIR, NIE			Name			
5312 ERIE			Street Address	s (P.O. Box Number is N	ot Acceptable)	
			City		FL Zip Code	
	named entity submits this statement follows of registered agent.	r the purpose of changing its re	gistered office or regis	tered agent, or both, in the	he State of Florida. I am familiar with, ar	nd accept
SIGNATURE .						
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	legistered Agent signature requi	red when reinstating)	DATE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DIE D TRAUTMAN, BOB 4208 VINGUMA AVE SEBRING, FL 33875 GLEN, HAWKINS 4518 HALL VE SEBRING, FL 33875 SN DARINI, LUCY 3737-SUMBIRO LANE SEBRING, FL 33875 T MUR, NIEL 5312 FUE DRIVE	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS AGE TO STREET	Added to Fees ADDITIONS/CHANGE VID HELBIG BANG, F DIVID HOLL BRING	Florida Department of State STO OFFICERS AND DIRECTORS IN 16 Change	O Addition
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