

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90009 032 ****61.25

DOCUMENT # N04524

1. Entity Name

THE VENTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**380 CELESTIAL WAY 2
 JUNO BEACH FL 33408-9353**

**380 CELESTIAL WAY 2
 JUNO BEACH FL 33408-9353**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OJEA, JOSE L.
 2000 LONGWOOD RD.
 W. PALM BCH. FL 33409**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS OJEA, JOSE L.
 CITY-ST-ZIP 380 CELESTIAL WAY 2
 JUNO BEACH FL

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS HUDNALL, ANN
 CITY-ST-ZIP 240 TRAILS END
 W PALM BCH FL

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS DIAZ, FRANKLIN H.
 CITY-ST-ZIP 290 PARKVIEW-CT.
 PAHOKEE FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 of Jose L. Ojeda
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 5/01

(361) 624-4170

Date

Daytime Phone #

CR2E037 (10/00)

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