

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000165

FILED
Apr 10, 2008
Secretary of State

Entity Name: THE VENTURA AT WINDSOR HILLS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

FEI Number: 16-1715284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
% SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PUVOGEL, DOUG
Address: 4901 VINELAND ROAD, SUITE 500
City-St-Zip: ORLANDO, FL 32811

Title: STD () Delete
Name: CABRERA, DIANA
Address: 4901 VINELAND ROAD, SUITE 500
City-St-Zip: ORLANDO, FL 32811

Title: VPD () Delete
Name: DUNCAN, JUDITH
Address: 4901 VINELAND ROAD, SUITE 500
City-St-Zip: ORLANDO, FL 32811

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COHEN, DIANE
Address: 1200 IRONSMITH CT #404
City-St-Zip: CELEBRATION, FL 34747

Title: VPD (X) Change () Addition
Name: CARTWRIGHT, RC
Address: 401 SW 4TH AVE #408
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: TSD (X) Change () Addition
Name: MCCANN, JOHN M
Address: 2504 TREELINE DR
City-St-Zip: EASTON, PA 18040

Title: D () Change (X) Addition
Name: AGGARWAL, SHASI
Address: 730 NORDYKE RD
City-St-Zip: CINCINNATI, OH 45255

Title: D () Change (X) Addition
Name: GIGLIO, FRANK J
Address: 425 LAFAYETTE AVE
City-St-Zip: HAWTHORNE, NJ 07506

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE COHEN

PD

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date