
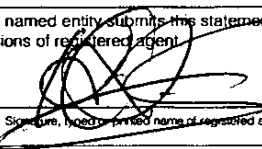
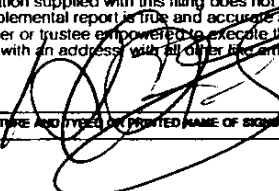


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90087 010 \*\*\*\*61.25

<b>DOCUMENT # N06000008079</b>					
<b>1. Entity Name</b> VENTURA ESTATES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 128 JOHN KING ROAD SUITE 18 CRESTVIEW, FL 32539			<b>Mailing Address</b> 128 JOHN KING ROAD SUITE 18 CRESTVIEW, FL 32539		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-8206286	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HOLCOMB, DAVID 128 JOHN KING ROAD SUITE 18 CRESTVIEW, FL 32539			<b>7. Name and Address of New Registered Agent</b> Name: <u>Kevin R. Etheridge</u> Street Address (P.O. Box Number is Not Acceptable): <u>3298 Summit Blvd. Ste 4</u> City: <u>Pensacola</u> FL Zip Code: <u>32503</u>		
<b>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.</b>					
SIGNATURE:  DATE: <u>4/30/07</u> <small>(NOTE: Registered Agent signature required when renouncing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLCOMB, DAVID 128 JOHN KING ROAD SUITE 18 CRESTVIEW, FL 32539	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCEACHERN, SANDY 128 JOHN KING ROAD SUITE 18 CRESTVIEW, FL 32539	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PATTERSON, MIKE 128 JOHN KING ROAD SUITE 18 CRESTVIEW, FL 32539	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>			<b>SIGNATURE:</b>  DATE: <u>4/30/07</u> Daytime Phone #		