


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N06000010215
 1. Entity Name
VENTURE PARK ASSOCIATION, INC.



Principal Place of Business 5035 SE FEDERAL HIGHWAY STUART, FL 34997	Mailing Address 5035 SE FEDERAL HIGHWAY STUART, FL 34997
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03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILIFE, PAUL
 5035 SE FEDERAL HIGHWAY
 STUART, FL 34997

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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 _____ (NOTE: Registered Agent signature required when reinstating)

UN00000266611
 04/08/08-80097-008 61.25

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILIFE, PAUL PO BOX 1186 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLIN, JEFFERY D PO BOX 3 STUART, FL 34995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURSON, ROBERT A PO BOX 1520 STUART, FL 34995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Paul Filife **Paul Filife** 3/19/08 (722) 781-3260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #