

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:30

DOCUMENT # **N18939** (1)
1. Corporation Name
VENTURA AT MISSION BAY VILLAGE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10294 BUENA VENTURA DRIVE
BOCA RATON FL 33498
10462 BUENA VENTURA DR
BOCA RATON FL 33498
US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **1100 S ST ROAD 7**
22 City & State 27 **SUITE 100**
23 Zip 28 **MARGATE FL**
24 Country 29 **33068** 30 Country

9. Name and Address of Current Registered Agent

REILLY, PETER
10462 BUENA VENTURA DR
BOCA RATON FL 33498

3. Date Incorporated or Qualified **01/27/1987** 3a. Date of Last Report **03/15/1994**
4. FEI Number **65-0240807** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name **VENTURA @ MISSION BAY VILLAGE**
82 Street Address (P.O. Box Number is Not Acceptable) **70 SUNVEST MANAGEMENT**
83 **1100 S ST ROAD 7 SUITE 100**
84 City **MARGATE** 85 Zip Code **FL 33068**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

*SIGNATURE *Colleen M. Schmitt, Agent* DATE **2/2/95**
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MAZZA, STACEY
STREET ADDRESS	20284 TIERRA DEL SOL
CITY - ST - ZIP	BOCA RATON FL
TITLE	VD
NAME	FREVERT, MICHAEL
STREET ADDRESS	10286 BUENA VENTURA DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	TD
NAME	REIZBURG, JOEL
STREET ADDRESS	10454 BUENA VENTURA DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	SD
NAME	REILLY, PETER
STREET ADDRESS	10462 BUENA VENTURA DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	PD
NAME	YORK, SUSAN
STREET ADDRESS	10274 BUENA VENTURA DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REILLY, PETER
1.3 STREET ADDRESS	10462 BUENA VENTURA DRIVE
1.4 CITY - ST - ZIP	BOCA RATON FL
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COMISKEY, PATRICIA
2.3 STREET ADDRESS	20350 C ZUMEL CT
2.4 CITY - ST - ZIP	BOCA RATON, FL
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FREVERT, MICHAEL
3.3 STREET ADDRESS	10286 BUENA VENTURA DR
3.4 CITY - ST - ZIP	BOCA RATON FL
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NORRIS, MARJORIE
4.3 STREET ADDRESS	10294 BUENA VENTURA DR
4.4 CITY - ST - ZIP	BOCA RATON FL
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BLOOM, ELLEN
5.3 STREET ADDRESS	10409 BUENA VENTURA DR
5.4 CITY - ST - ZIP	BOCA RATON, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Michael H. Grant, Michael Frevert, TAMAR* DATE **2/2/95** **407**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **477-0044**