

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandrine B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18939 (1)

1. Corporation Name

VENTURA AT MISSION BAY VILLAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10294 BUENA VENTURA DRIVE
BOCA RATON FL 33498

6300 Park of Commerce Blvd
Boca Raton FL, 33487

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3. Date Incorporated or Qualified 01/27/1987	3a. Date of Last Report 02/24/1995
4. FEI Number 65-0240807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Prime Management Group Inc. Suite, Apt. #, etc.	2a. Mailing Address 22 6300 Park of Commerce Blvd City & State 23 Boca Raton, FL 33487-8250 Zip Country 24 25
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9. Name and Address of Current Registered Agent

Swatt, Myron
Prime Management Group Inc.
6300 Park of Commerce Blvd
Boca Raton, FL 33487

10. Name and Address of New Registered Agent

81 Name Myron I. Swatt
82 Street Address (P.O. Box Number is Not Acceptable) Prime Management Group Inc.
83 6300 Park of Commerce Blvd.
84 City Boca Raton FL 33487 FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME REILLY, PETER	
STREET ADDRESS 10462 BUENA VENTURA DRIVE	
CITY-ST-ZIP BOCA RATON FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME FREVERT, MICHAEL	
STREET ADDRESS 10286 BUENA VENTURA DR	
CITY-ST-ZIP BOCA RATON FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME FREVERT, MICHAEL	
STREET ADDRESS 10286 BUENA VENTURA DR	
CITY-ST-ZIP BOCA RATON FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME REILLY, PETER	
STREET ADDRESS 10462 BUENA VENTURA DR	
CITY-ST-ZIP BOCA RATON FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME YORK, SUSAN	
STREET ADDRESS 10274 BUENA VENTURA DR	
CITY-ST-ZIP BOCA RATON FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME COMISKEY, PATRICIA	
STREET ADDRESS 20350 COZUMEL CT	
CITY-ST-ZIP BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Patricia Comiskey	
1.3 STREET ADDRESS 20350 Cozumel Court	
1.4 CITY-ST-ZIP Boca Raton FL 33498	
2.1 TITLE VP - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Sy Harris	
2.3 STREET ADDRESS 10258 Buena Vista Dr.	
2.4 CITY-ST-ZIP Boca Raton FL 33498	
3.1 TITLE Treasurer - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Joe Schaefer	
3.3 STREET ADDRESS 10390 Buena Vista Dr.	
3.4 CITY-ST-ZIP Boca Raton FL 33498	
4.1 TITLE Secretary - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Sylvia Nusinov	
4.3 STREET ADDRESS 10298 Buena Vista Dr.	
4.4 CITY-ST-ZIP Boca Raton, FL 33498	
5.1 TITLE Director - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Linda Burke	
5.3 STREET ADDRESS 10354 Buena Vista Dr.	
5.4 CITY-ST-ZIP Boca Raton FL 33498	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Schaefer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

cert
4-29-96