


FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
~~PRIME MANAGEMENT GROUP INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-8290~~
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US

3. Date Incorporated or Qualified
01/27/1987
4. FEI Number
65-0240807
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 CITY MANAGEMENT GROUP 26 CITY MANAGEMENT GROUP
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 1325 S. CONGRESS AVE. #10 27 1325 S. CONGRESS AVE. #10
City & State City & State
23 BOYNTON BEACH, FL. 28 BOYNTON BEACH, FL.
Zip Country Zip Country
24 33426 25 U.S.A. 29 33426 30 U.S.A.

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SWATT, MYRON I
PRIME MANAGEMENT GROUP INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-8290

10. Name and Address of New Registered Agent
81 Name BINDER DW, HILBERT CITY MGMT GROUP
82 Street Address (P.O. Box Number is Not Acceptable)
1325 S. CONGRESS AVE.
83
84 City BOYNTON BEACH FL 85 Zip Code 33426

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 *[Signature]* 1.26-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, SEYMOUR	1.2 NAME	
STREET ADDRESS	10258 BUENA VISTA DRIVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, JOE	2.2 NAME	ARTHUR APPLEBAUM
STREET ADDRESS	10390 BUENA VISTA DRIVE	2.3 STREET ADDRESS	10394 Buena Ventura Dr.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL., 33498
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, JOE	3.2 NAME	
STREET ADDRESS	10390 BUENA VISTA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUSINOV, SYLVIA	4.2 NAME	BERGER, SCOTT
STREET ADDRESS	10290 BUENA VISTA DR.	4.3 STREET ADDRESS	20325 VERACRUZ LN.
CITY-ST-ZIP	BOCA RATON FL 33498	4.4 CITY-ST-ZIP	BOCA RATON, FL., 33498
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLKERT, SHERRY	5.2 NAME	CARR-TURNBAUGH, KIMBERLY
STREET ADDRESS	20371 COZUMEL COURT	5.3 STREET ADDRESS	20311 COZUMEL CT.
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL., 33498
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002429747
STREET ADDRESS		6.3 STREET ADDRESS	-02/13/98--01015--002
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

CR2E037 (10/97)