

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90012 029 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N-18939 ✓

1. Corporation Name
 VENTURA AT MISSION BAY VILLAGE ASSOC., INC.

Principal Place of Business Mailing Address
 CITY MANAGEMENT GROUP CITY MANAGEMENT GROUP
 1325 S. CONGRESS AVE., #10 1325 S. CONGRESS AVE., #10
 BOYNTON BEACH, FL., 33426 BOYNTON BEACH, FL., 33426

2. Principal Place of Business D.C.I., INC. 22a. Mailing Address D.C.I., INC.
 21 2901 SIMMS STREET 26 2901 SIMMS STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 23 HOLLYWOOD, FLORIDA 27 HOLLYWOOD, FLORIDA
 City & State City & State
 24 33020 25 U.S.A. 29 33020 30 U.S.A.
 Zip Country Zip Country

3. Date Incorporated or Qualified
 4. FEI Number Applied For
 65-0240807 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
 MR. LOU CAPLAN 81 Name
 ST. JOHN, DICKER & CAPLAN 82 Street Address (P.O. Box Number is Not Acceptable)
 500 AUSTRALIAN AVENUE, S., #600 83
 WEST PALM BEACH, FLORIDA, 33401 84 City 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYMOUR E. HARRIS	1.2 NAME	
STREET ADDRESS	10258 BUENA VENTURA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FLORIDA, 33498	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR APPLEBAUM	2.2 NAME	
STREET ADDRESS	10394 BUENA VENTURA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FLORIDA, 33498	2.4 CITY-ST-ZIP	
TITLE	TREASURER/SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH SCHAEFER	3.2 NAME	
STREET ADDRESS	10390 BUENA VENTURA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FLORIDA, 33498	3.4 CITY-ST-ZIP	
TITLE	BOARD DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT BERGER	4.2 NAME	
STREET ADDRESS	20325 VERA CRUZ LANE,	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FLORIDA, 33498	4.4 CITY-ST-ZIP	
TITLE	SECRETARY <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBERLY CARR-TURNBAUGH	5.2 NAME	
STREET ADDRESS	20311 COZUMEL COURT,	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FLORIDA, 33498	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 of 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, with all other like empowered.

SIGNATURE _____ DATE 3/10/99 (561)883-8522
 Signature and typed or printed name of signing officer or director
 SEYMOUR E. HARRIS PRESIDENT
 Daytime Phone #

CR2E037 (1/98)