

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18939

1. Entity Name

VENTURA AT MISSION BAY VILLAGE ASSOCIATION, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 24 AM 8:53

Principal Place of Business VENTURA HOMEOWNERS ASSOCIATES PO BOX 870007 BOCA RATON FL 33487 US	Mailing Address VENTURA HOMEOWNERS ASSOCIATES PO BOX 870007 BOCA RATON FL 33487 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0240807	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CAPLAN, LOU
ST. JOHN, DICKER & CAPLAN
500 AUSTRALIAN AVE., S., STE. 600
WEST PALM BEACH FL 33401

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOT) Registered Agent signature required when retreating

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$238.25

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 may be Added to Fees
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Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO BERGER, SCOTT 20325 VERA CRUZ LANE BOCA RATON FL 33488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	YSO SCHAEFER, JOE 10390 BUENA VISTA DR. BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9000046 -10/01/01--01081--00 *****61.25 *****61 25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO SIMONSON, PAUL 20411 COZUMEL CT BOCA RATON FL 33488 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO BATSON, STEVE 10398 BUENA VENTURA DR BOCA RATON FL 33498 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO VINO, TONY 10378 BUENA VENTURA DR BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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: *Josephine* **REQUIRED**
Signature and typed or printed name of signing officer or director

8-28-01

SP

10/01/01 10:01