

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-21-2002 91160 012 ****61.25

DOCUMENT # N18939

1. Entity Name

VENTURA AT MISSION BAY VILLAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**VENTURA HOMEOWNERS ASSOCIATES
 PO BOX 970007
 BOCA RATON FL 33497
 US**

**VENTURA HOMEOWNERS ASSOCIATES
 PO BOX 970007
 BOCA RATON FL 33497
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0240807

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPLAN, LOU
 ST. JOHN, DICKER & CAPLAN
 500 AUSTRALIAN AVE., S., STE. 600
 WEST PALM BEACH FL 33401**

Name

**Sachs, Sax & Klein Northern Trust Plaza, #400
 PO Box 810037 301 Yamato Rd
 Boca Raton, FL 33431**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERGER, SCOTT	
STREET ADDRESS	20325 VERA CRUZ LANE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	SCHAEFER, JOE	
STREET ADDRESS	10390 BUENA VISTA DR	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VINO, TONY	
STREET ADDRESS	10378 BUENA VENTURA DR	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Blume	
STREET ADDRESS	20346 Vera Cruz	
CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lon Rosenberg	
STREET ADDRESS	10466 Buena Ventura	
CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 or without other lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Berger

Date

Daytime Phone #

4/22/02

92974



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)