


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N18939			
1. Entity Name VENTURA AT MISSION BAY VILLAGE ASSOCIATION, INC.			
Principal Place of Business VENTURA HOMEOWNERS ASSOCIATES PO BOX 970007 BOCA RATON, FL 33497 US		Mailing Address 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	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAPLAN, LOU SACHS, SAX & KLEIN 301 YAMATO RD, SUITE 4150 BOCA RATON, FL 33431		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, SCOTT	NAME	
STREET ADDRESS	20325 VERA CRUZ LANE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	UN0000438438 02/29/06 80001-013 61.25
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAMSON, RON	NAME	
STREET ADDRESS	10290 BUENA VENTURA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, LAWRENCE	NAME	
STREET ADDRESS	10322 BUENA VENTURA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARIVIERE, MARK	NAME	
STREET ADDRESS	10429 BUENA VENTURA	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORE, JOE	NAME	
STREET ADDRESS	20314 TIERRA DOL SOL	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ronald J. Framson</u>		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			