


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90032 028 \*\*\*\*61.25

**DOCUMENT # N18939**

1. Entity Name  
**VENTURA AT MISSION BAY VILLAGE ASSOCIATION, INC.**



40000000



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 - No P.O. Box #  
**1500 Buena Ventura Jr.**

3. Mailing Address  
**9045 La Fontana Blvd**

Suite, Apt. #, etc.  
**Suite 101**

01082008 Chg-NP CR2E037 (12/06)

City & State  
**Boca Raton, Florida**

City & State  
**Boca Raton, FL**

Zip  
**3349**

Country  
**USA**

Zip  
**33434**

Country  
**USA**

4. FEI Number  
**65-0070083**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAPLAN, LOU**  
**SACHS, SAX & KLEIN**  
**301 YAMATO RD, SUITE 4150**  
**BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	
T NAME BERGER, SCOTT STREET ADDRESS 20325 VERA CRUZ LANE CITY-ST-ZIP BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete	Dir NAME Steve Cohn STREET ADDRESS 9045 La Fontana Blvd Ste 101 CITY-ST-ZIP Boca Raton, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P NAME FRAMSON, RON STREET ADDRESS 10290 BUENA VENTURA DRIVE CITY-ST-ZIP BOCA RATON, FL 33498	<input type="checkbox"/> Delete	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME NEFF, LAWRENCE STREET ADDRESS 10322 BUENA VENTURA DRIVE CITY-ST-ZIP BOCA RATON, FL 33498	<input type="checkbox"/> Delete	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME LARIVIERE, MARK STREET ADDRESS 10429 BUENA VENTURA CITY-ST-ZIP BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME FIORE, JOE STREET ADDRESS 20314 TIERRA DOL SOL CITY-ST-ZIP BOCA RATON, FL 33498	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lawrence J. Neff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #