


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AK)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90035 046 ****61.25

DOCUMENT # N25562			
1. Entity Name VENTANA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business % J&L PROPRTY MANAGEMENT INC. 10191 WEST SAMPLE RD. SUITE 203 CORAL SPRINGS FL 33065 US		Mailing Address % J&L PROPRTY MANAGEMENT INC. 10191 WEST SAMPLE RD. SUITE 203 CORAL SPRINGS FL 33065 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



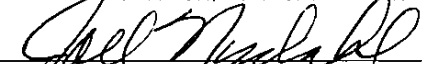
1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES P.A. 6261 NW 6 WAY, SUITE 103 FORT LAUDERDALE FL 33309		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering) DATE</small>			

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME NYDEHL, JOEL STREET ADDRESS 9800 NW 5TH COURT CITY ST. ZIP PLANTATION FL 33324	<input type="checkbox"/> Delete	TITLE VELEZ, TERRI NAME 9933 NW 5th Ct STREET ADDRESS PLANTATION, FL 33324 CITY ST. ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME BOUSQUET, DONALD STREET ADDRESS 9851 NW 5TH PLACE CITY ST. ZIP PLANTATION FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME WELLS, MARY STREET ADDRESS 9850 NW 5TH PLACE CITY ST. ZIP PLANTATION FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MCCARTHY, MICHAEL STREET ADDRESS 9841 NW 5TH PLACE CITY ST. ZIP PLANTATION FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FRIDAY, THOMAS STREET ADDRESS 9816 NW 5TH COURT CITY ST. ZIP PLANTATION FL 33324	<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 exemptions contained in Section 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: X 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/04/07

Daytime Phone #