2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90152 020 ****61.25

DOCUMENT # N25562 1. Entity Name VENTANA HOMEOWNERS ASSOCIATION, INC.							04-30-	-2008 90	0152 020 **:	**61.25
Principal Place of Business WEST BROWARD COMMUNITY MGMT., INC. 11530 STATE ROAD 84 DAVIE, FL 33325 US Mailing Address P.O. BOX 551390 DAVIE, FL 33355-1390									### ##################################	
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01042008	Chg-NP	CR	2E037 (12/06)	
City & State		City & State				4. FEI Numbe 65-007			N	ot Applicable
Zip	Country	Zip	Country				of Status Desire		Fee Require	
	6. Name and Address of Current	Registered Agent		Nama		7. Name and	Address of Ne	w Registe	red Agent	
WEST BROWARD COMMUNITY MANAGEMENT, INC.				Name						
11530 STATE ROAD 84 DAVIE, FL 33325				Street Ac	ddress (F	P.O. Box Numbe	er is Not Accept	able)		
				City					Zip Coo	10
				FL			FL			
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registere	ed office or	registere	ed agent, or bot	h, in the State o	of Florida.	I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent									
	alghatora, typau oi printed nama oi registered sgent	and title if applicable. (NO)	TE: Registered	d Agent signatu	nte tednited	when reinstating)			ATE	
	Filling Fee Is \$61.25 Due by May 1, 2008	9. Election Ca	ımpaign F	inancing		\$5.00 May B Added to Fees		Make c	theck payable to spartment of S	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DII	9. Election Ca Trust Fund	ımpaign F	inancing	<u> </u>	\$5.00 May B Added to Fees		Make o	heck payable (N 10
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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 addresse, with althougher like empowered.

SIGNATURE:

HUGH GRAF