

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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.					
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0074103	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEST BROWARD COMMUNITY MANAGEMENT, INC. 11530 STATE ROAD 84 DAVIE, FL 33325				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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NYDEHL, JOEL		NAME	HUGH GRAF	
STREET ADDRESS	9800 NW 5TH COURT		STREET ADDRESS	9924 N.W. 5TH COURT	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VP3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VELEZ, TERRI		NAME	TIMOTHY BEHM	
STREET ADDRESS	9973 NW 5TH CT.		STREET ADDRESS	9949 N.W. 5TH COURT	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, MARY		NAME	SUSAN KEANE	
STREET ADDRESS	9850 NW 5TH PLACE		STREET ADDRESS	9957 N.W. 5TH COURT	
CITY-ST-ZIP	PLANTATION, FL		CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, MICHAEL		NAME	Thomas Friday	
STREET ADDRESS	9841 NW 5TH PLACE		STREET ADDRESS	9816 NW 5TH CT	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Plantation FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	FRIDAY, THOMAS		NAME		
STREET ADDRESS	9816 NW 5TH COURT		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		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 another like empowered.					
SIGNATURE:			HUGH GRAF		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/12/08 954-472-3820 <small>Date Daytime Phone #</small>		