2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N25562

Entity Name: VENTANA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% WEST BROWARD COMMUNITY MGMT., INC.
11530 STATE ROAD 84
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551390
DAVIE, FL 333551390

New Mailing Address:

FEI Number: 65-0074103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEST BROWARD COMMUNITY MANAGEMENT, INC.
11530 STATE ROAD 84
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GRAF, HUGH
Address: 9924 N.W. 5TH CT
City-St-Zip: PLANTATION, FL 33324

Title: VPS ( ) Delete
Name: BEHM, TIMOTHY
Address: 9949 N.W. 5TH CT
City-St-Zip: PLANTATION, FL 33324

Title: T ( ) Delete
Name: KEANE, SUSAN
Address: 9957 N.W. 5TH CT
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: FRIDAY, THOMAS
Address: 9816 NW 5TH CT
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: BAJAYO, HADA
Address: 9932 NW 5 CT
City-St-Zip: PLANTATION, FL 33324

Title: VP (X) Change ( ) Addition
Name: BEHM, TIMOTHY
Address: 9949 NW 5 CT
City-St-Zip: PLANTATION, FL 33324

Title: AST (X) Change ( ) Addition
Name: COWAN, GERALD
Address: 9964 NW 5 CT
City-St-Zip: PLANTATION, FL 33324

Title: P (X) Change ( ) Addition
Name: SZTAM, SAUL
Address: 9888 NW 5 CT
City-St-Zip: PLANTATION, FL 33324

Title: S ( ) Change (X) Addition
Name: LEON, JEANNETTE
Address: 9851 NW 5 PL
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAUL SZTAM P 04/24/2009

Electronic Signature of Signing Officer or Director — Date