

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25562

FILED  
Apr 22, 2010  
Secretary of State

**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:**

C/O WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**Current Mailing Address:**

P.O. BOX 551390  
DAVIE, FL 333551390

**New Mailing Address:**

C/O WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**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:**

WEST BROWARD COMMUNITY MANAGEMENT, INC.  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

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:

04/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: BAJAYO, HADA  
Address: 9932 NW 5 CT  
City-St-Zip: PLANTATION, FL 33324

Title: VP  
Name: BEHM, TIMOTHY  
Address: 9949 NW 5 CT  
City-St-Zip: PLANTATION, FL 33324

Title: AST  
Name: COWAN, GERALD  
Address: 9964 NW 5 CT  
City-St-Zip: PLANTATION, FL 33324

Title: P  
Name: SZTAM, SAUL  
Address: 9888 NW 5 CT  
City-St-Zip: PLANTATION, FL 33324

Title: S  
Name: LEON, JEANNETTE  
Address: 9851 NW 5 PL  
City-St-Zip: PLANTATION, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: SAUL SZTAM

P

04/22/2010

Electronic Signature of Signing Officer or Director

Date