

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N94000002129

Entity Name: VENTANA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4000 VENTANA BLVD
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560328
ROCKLEDGE, FL 329560328 US

New Mailing Address:

FEI Number: 59-3241128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAZIO, DALE
4101 LAS CRUCES WAY
ROCKLEDGE, FL 32955 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: T () Delete
Name: FAZIO, DALE
Address: 4101 LAS CRUCES WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SPIRIDIGLLOZZI, JOE
Address: 4175 VENTANA BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: P () Delete
Name: RITTER, WILLIAM
Address: 4119 ORION WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: MINOT, THOMAS
Address: 4174 VENTANA BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: YONKER, ROBERT C
Address: 4153 SAN YSIDRO WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Change () Addition
Name: HATFIELD, KURT
Address: 4090 ORION WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: P (X) Change () Addition
Name: MINOT, THOMAS
Address: 4174 VENTANA BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: S (X) Change () Addition
Name: O'KELLY, GARY
Address: 4176 VENTANA BLVD.
City-St-Zip: ROCKLEDGE, FL 32955

Title: V () Change (X) Addition
Name: KUTA, KARA
Address: 4154 SAN YSIDRO WAY
City-St-Zip: ROCKLEDGE, FL 32955

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: ROBERT C. YONKER

T

03/22/2009

Electronic Signature of Signing Officer or Director

_____ Date