

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003057

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** VENTANAS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 65-0927935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ISAACS, DAN L  
528 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: DP ( ) Delete  
Name: KALFAS, JIMMY  
Address: 2165 DELTA WAY  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DVP ( ) Delete  
Name: HULL, DONNA  
Address: 2170 DELTA WAY  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS ( ) Delete  
Name: MACFALL, KATHERINE  
Address: 2144 DELTA WAY  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: MACFALL, KATHERINE  
Address: 2144 DELTA WAY  
City-St-Zip: TALLAHASSEE, FL 32303

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: JIMMY KALFAS

DP

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date