

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18939

**FILED**  
**Jan 31, 2024**  
**Secretary of State**  
**9789877172CC**

**Entity Name:** VENTURA AT MISSION BAY VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CME MANAGEMENT GROUP  
10320 FLORES DRIVE  
BOCA RATON, FL 33428

**Current Mailing Address:**

C/O CME MANAGEMENT GROUP  
10320 FLORES DRIVE  
BOCA RATON, FL 33428 US

**FEI Number:** 65-0070083

**Certificate of Status Desired:** No

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

CAPLAN, LOU  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 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:** LOU CAPLAN

01/31/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO-PRESIDENT  
Name FIORE, CATHY  
Address C/O CME MANAGEMENT GROUP  
10320 FLORES DRIVE  
City-State-Zip: BOCA RATON FL 33428

Title CO-PRESIDENT  
Name FERGUSON, TIM  
Address C/O CME MANAGEMENT GROUP  
10320 FLORES DRIVE  
City-State-Zip: BOCA RATON FL 33428

Title TREASURER  
Name LEVIN, JACK  
Address C/O CME MANAGEMENT GROUP  
10320 FLORES DRIVE  
City-State-Zip: BOCA RATON FL 33428

Title SECRETARY  
Name GRIMM, HARTLEY  
Address C/O CME MANAGEMENT GROUP  
10320 FLORES DRIVE  
City-State-Zip: BOCA RATON FL 33428

*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:** TIM FERGUSON

CO-PRESIDENT

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date