

FILED

04 FEB -5 PM 4:22

2004

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # N0000003923

1. Entry Name
RAVELLO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
5084 SW 164 AVENUE
MIRAMAR, FL 33027

Mailing Address
5084 SW 164 AVENUE
MIRAMAR, FL 33027

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1145 Sawgrass Corp Pkwy
Suite, Apt. #, etc.

City & State
Sunrise - FL

Zip
33323

Country
Broward

4. FET Number
65-1026674

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ATTN: DIANA T. ESCOBAR- ARANGUREN
5084 SW 164 AVENUE
RAVELLO HOMEOWNERS ASSOCIATION
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent
Name
Katzman + Korr
Street Address (P.O. Box Number is Not Acceptable)
5581 W. Oakland PK Blvd
Lauderhill FL 33313

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, type or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when submitting)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCOBAR, DIANA T 5084 SW 164 AVENUE MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD/TD Rowan Taylor 1145 Sawgrass Corp Pkwy Sunrise FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PILARA, RAYMOND 16120 SW 51 STREET MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Vidal Garcia 1145 SAWGRASS CORP PKWY SUNRISE FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, VICTOR 16371 SW 49TH COURT MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AnnaValentine 1145 SAWGRASS CORP PKWY SUNRISE FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL FEENEY 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANDEW JOHNSON 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementing report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: _____ DATE: Rowan Taylor 12-30-03

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #



400028400034

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CHECK HERE IF MAKING CHANGES

CR2EC07 (10/02)