


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90334 023 ****61.25

DOCUMENT # N00000003923
 1. Entity Name
RAVELLO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 5084 SW 164 AVENUE MIRAMAR, FL 33027	Mailing Address 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323
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50038128



03242005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-1026674	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 KATZMAN & KORR
 1501 NW 49TH STREET
 SUITE 202
 FORT LAUDERDALE, FL 33309

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT TAYLOR, ROWAN 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, VIDAL 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALENTINE, ANNA 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEENEY, DANIEL 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ANDREW 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 supplemental 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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____