
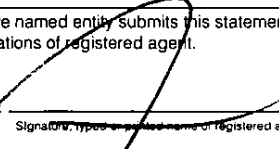
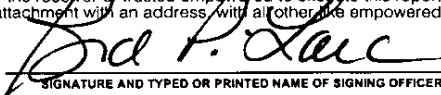


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

05-24-2007 90001 043 ****61.25
 08-06-2007 90031 026 ****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	
2. Principal Place of Business - No P.O. Box # 5055 SW 171ST AVENUE		3. Mailing Address 5055 SW 171ST AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIRAMAR, FL		City & State MIRAMAR, FL	
Zip 33027	Country	Zip 33027	Country
6. Name and Address of Current Registered Agent		7. Name and Address of Now Registered Agent	
		Name KATZMAN & KORR	
		Street Address (P.O. Box Number is Not Acceptable) SUITE 202	
		1501 NW 49TH STREET	
		City FT LAUDERDALE	FL Zip Code 33309
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 8/2/07	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PDT TAYLOR, ROWAN 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 5087 SW 162ND AVENUE MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, VIDAL 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4936 SW 162ND AVENUE MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEENEY, DANIEL 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ANDREW 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PI LARA, RAYMOND 16120 SW 51ST STREET MIRAMAR, FL 33027 <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 exemptions contained 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 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: 		Date: 07/28/07 Daytime Phone #: 954-437-5223	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40128220



07122007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1026674 Applied For Not Applicable

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

(NOTE: Registered Agent signature required when reinstating)