

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000003923

FILED
Apr 30, 2003
Secretary of State

Entity Name: RAVELLO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 W SAMPLE RD, STE 200
COCONUT CREEK, FL 330733450

New Principal Place of Business:

5084 SW 164 AVENUE
MIRAMAR, FL 33027

Current Mailing Address:

4400 W SAMPLE RD, STE 200
COCONUT CREEK, FL 330733450

New Mailing Address:

5084 SW 164 AVENUE
MIRAMAR, FL 33027

FEI Number: 65-1026674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINTO COMMUNITIES, INC.
ATTN: MICHAEL GREENBERG
4400 W SAMPLE RD, STE 200
COCONUT CREEK, FL 330733450 US

Name and Address of New Registered Agent:

ATTN: DIANA T. ESCOBAR- ARANGUREN
5084 SW 164 AVENUE
RAVELLO HOMEOWNERS ASSOCIATION
MIRAMAR, FL 33027 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: DIANA T. ESCOBAR- ARANGUREN

04/30/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEER, T.R.
Address: 4400 W SAMPLE RD, STE 200
City-St-Zip: COCONUT CREEK, FL 330733450

Title: VD () Delete
Name: CLEMENT, GARY
Address: 4400 W SAMPLE RD, STE 200
City-St-Zip: COCONUT CREEK, FL 330733450

Title: STD () Delete
Name: RODGERS, FRANK
Address: 4400 W SAMPLE RD, STE 200
City-St-Zip: COCONUT CREEK, FL 330733450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ESCOBAR, DIANA T
Address: 5084 SW 164 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: VD (X) Change () Addition
Name: PILARA, RAYMOND
Address: 16120 SW 51 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: STD (X) Change () Addition
Name: SMITH, VICTOR
Address: 16371 SW 49TH COURT
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIANA T. ESCOBAR- ARANGUREN

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date