

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000171

FILED
Apr 10, 2008
Secretary of State

Entity Name: RAVINES CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4213 COUNTRY RD 218
SUITE 1
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 949
MIDDLEBURG, FL 32050

New Mailing Address:

FEI Number: 20-2228265 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AWAKENINGS ASSOCIATION MANAGEMENT
4213 COUNTY ROAD #218
SUITE 1
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: SIPLIN, WILLIE
Address: 3016 SUNSET RIDGE DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: VPD () Delete
Name: MILLER, EDWARD
Address: 4044 HALF MOON CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD () Delete
Name: LUKSIC, DORIS
Address: 4012 HALF MOON CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD () Delete
Name: HOWARD, PAUL
Address: 4063 HALF MOON CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: GIBB, STEVEN
Address: 4025 HALF MOON CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MILLER, EDWARD
Address: 4044 HALF MOON CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD MILLER

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date