

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90338 027 ****61.25

DOCUMENT # N99000002112

1. Entity Name

ARAVA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2575 COUNTY ROAD 220, SUITE 107
 MIDDLEBURG FL 32068

Mailing Address

2575 COUNTY ROAD 220, SUITE 107
 MIDDLEBURG FL 32068

00101075



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4759 Leopard Circle

P.O. Box 949

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg, Florida

City & State

Middleburg, Florida

4. FEI Number

59-2594277

Applied For

Not Applicable

Zip

32068

Country

us

Zip

32050

Country

us

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENARD, JAMES R
 2575 COUNTY ROAD 220, SUITE 107
 MIDDLEBURG FL 32068

Name **Delcomyn, VINA**

Street Address (P.O. Box Number is Not Acceptable)
4759 Leopard Circle

City **Middleburg, FL** Zip Code **32068**

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 *Vina C. Delcomyn* VINA C. Delcomyn

7/18/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MENARD, JAMES R	
STREET ADDRESS	2575 COUNTY ROAD 220, SUITE 107	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	PST	<input type="checkbox"/> Delete
NAME	MENARD, JAMES R	
STREET ADDRESS	2575 COUNTY ROAD 220, SUITE 107	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CRAWFORD, JOHN D	
STREET ADDRESS	2575 COUNTY ROAD 220, SUITE 107	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WRIGHT, JOHN W	
STREET ADDRESS	2575 COUNTY ROAD 220, SUITE 107	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James R Menard* JAMES R MENARD

7/18/02 904-276-5400

CR2E037 (4/02)