

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

4759 Leopard Creek

3. Mailing Address

P.O. Box 949

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg, Florida

City & State

Middleburg, Florida

Zip

32068

Country

us

Zip

32050

Country

us

4. FEI Number

59-2594277

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Delcomyn, VINA  
Street Address (P.O. Box Number is Not Acceptable): 4759 Leopard Circle  
City: Middleburg, FL 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

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE NANCY R. MENARD

7/18/02

904-272-5402

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

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

00101073



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)