

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000000171

Entity Name: RAVINES CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12058 SAN JOSE BLVD.
SUITE 904
JACKSONVILLE, FL 32223

Current Mailing Address:

P.O. BOX 600033
JACKSONVILLE, FL 32260 US

FEI Number: 20-2228265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT PARTNERS & ASSOCIATES, INC.
12058 SAN JOSE BLVD.
SUITE 904
JACKSONVILLE, FL 32223 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: ELAINE BROOKS

10/23/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name SIPLIN, WIL
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

Title SD
Name JASTRZEMSKI, TIM
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

Title TD
Name KOESTER, NANCY
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

Title VP
Name TAGGART, NANCY
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

Title D
Name SILVA, EDGARDO
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

I hereby 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 all other like empowered.

SIGNATURE: WIL SIPLIN

PRESIDENT

10/23/2017

Electronic Signature of Signing Officer/Director Detail

Date