# 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.

DP

# SIGNATURE: BRIAN PERRY

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N21000014414

Entity Name: RAVINIA HOMEOWNERS ASSOCIATION, INC.

# **Current Principal Place of Business:**

15481 S.W. 12TH STREET, STE. 309 SUNRISE, FL 33326

## **Current Mailing Address:**

15481 S.W. 12TH STREET, STE. 309 SUNRISE, FL 33326

# FEI Number: 20-4921262

#### Name and Address of Current Registered Agent:

CENTERLINE CAPITAL ADVISORS, LLC 15481 S.W. 12TH STREET, STE. 309 SUNRISE, FL 33326 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:

Elect

### Officer/Director De

Title	DP	Title	DVPS
Name	PERRY, BRIAN	Name	PAGNOTTA, TOM
Address	15481 S.W. 12TH STREET, STE. 309	Address	15481 S.W. 12TH STREET, STE. 309
City-State-Zip:	SUNRISE FL 33326	City-State-Zip:	SUNRISE FL 33326

ctronic Signature of Registered Agent			Date
Detail :			
	Title	DVPS	
	Nomo	DACNOTTA TOM	

Certificate of Status Desired: No

FILED Mar 13, 2023 Secretary of State 4737511880CC

> 03/13/2023 Date