

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-07-2002 90007 048 ****61.25

DOCUMENT # 743790

1. Entity Name

RAVENWOOD OWNERS ASSOCIATION, INC.

Principal Place of Business

3914
3914 TRENTWOOD PLACE
SARASOTA FL 34243

Mailing Address

3914 ~~3914~~ **TRENTWOOD PLACE**
SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2727810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DEPERTY, ANNE M
3915 TRENTWOOD PLACE
SARASOTA FL 34243

delete

7. Name and Address of New Registered Agent

Name **GERRY VAN ALPHEN**

Street Address (P.O. Box Number is Not Acceptable)
3914 TRENTWOOD PLACE

SARASOTA FLORIDA

34243

City

FL

Zip Code

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.

SIGNATURE

Gerry Van Alphen

GERRY VAN ALPHEN TREASURER

2/21/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **TD** ☒ Delete
 NAME **DEPERTY, ANNE M**
 STREET ADDRESS **3915 TRENTWOOD PLACE**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **PD** ☒ Delete
 NAME **GALEN, CLARK**
 STREET ADDRESS **6345 RAVENWOOD COURT**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D** ☒ Delete
 NAME **ALEXANDREA, GREG**
 STREET ADDRESS **6310 RAVENWOOD COURT**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition
 NAME **VAN ALPHEN GERRY**
 STREET ADDRESS **3914 TRENTWOOD PLACE**
 CITY-ST-ZIP **SARASOTA, FLORIDA 34243**

TITLE **PD** ☒ Change ☐ Addition
 NAME **KLINE, WILLIAM**
 STREET ADDRESS **5623 RAVENWOOD DRIVE**
 CITY-ST-ZIP **SARASOTA, FLORIDA 34243**

TITLE **D** ☒ Change ☐ Addition
 NAME **AUSTIN, J.W.**
 STREET ADDRESS **3914 TRENTWOOD PLACE**
 CITY-ST-ZIP **SARASOTA, FLORIDA 34243**

TITLE **D** ☐ Change ☒ Addition
 NAME **JERRY HARVEY**
 STREET ADDRESS **5632 RAVENWOOD DRIVE**
 CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **D** ☐ Change ☒ Addition
 NAME **FLOVER, James**
 STREET ADDRESS **5632 RAVENWOOD DRIVE**
 CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **D** ☐ Change ☒ Addition
 NAME **STEWART, AL**
 STREET ADDRESS **5637 RAVENWOOD DRIVE**
 CITY-ST-ZIP **SARASOTA, FL 34243**

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:

Gerry Van Alphen

REQUIRED GERRY VAN ALPHEN

2/21/2002

941-355-6386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)