

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743790

FILED
Jan 07, 2009
Secretary of State

Entity Name: RAVENWOOD OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6124 RAVENWOOD DR.
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

6124 RAVENWOOD DR.
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 59-2727810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDER, JOHN L
6124 RIVENWOOD DR.
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHIRRUP-PHIPPS, LINDA
Address: 6338 RAVENWOOD DR
City-St-Zip: SARASOTA, FL 34243

Title: V () Delete
Name: HENRY, PAUL
Address: 6348 RAVENWOOD WAY
City-St-Zip: SARASOTA, FL 34243

Title: T () Delete
Name: SCHROEDER, JOHN
Address: 6124 RAVENWOOD DR
City-St-Zip: SARASOTA, FL 34243

Title: S () Delete
Name: PONTILLO, KATHY
Address: 6213 RAVENWOOD DR
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: HOWELL, JACK
Address: 6215 RAVENWOOD DR
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: ENNIS, BOB
Address: 3904 TRENTWOOD PL
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAUL, HENRY
Address: 6348 RAVENWOOD WAY
City-St-Zip: SARASOTA, FL 34243

Title: V (X) Change () Addition
Name: CHIRRUP-PHIPPS, LINDA
Address: 6338 RAVENWOOD DR
City-St-Zip: SARASOTA, FL 34243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MADDEN, LORI
Address: 6327 RAVENWOOD WAY
City-St-Zip: SARASOTA, FL 34243

Title: D (X) Change () Addition
Name: TREADWAY, HOLLY
Address: 6328 RAVENWOOD DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN SCHROEDER

T

01/07/2009

Electronic Signature of Signing Officer or Director

Date