FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745339 (2)

1. Corporation Name

THE RAVINES COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
STATE RD 218 PO BOX 649 MIDDLEBURG FL 32050-7649	STATE RD 218 PO BOX 649 MIDDLEBURG FL 32050-7649

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1978
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1972679 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KEEFE, KENNETH M., JR
50 N. LAURA STREET, SUITE 3300
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	OHYAMA, KIMIAKI	12 NAME	
STREET ADDRESS	2932 RAVINES RD	13 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	MONAHAN, STEPHEN	22 NAME	
STREET ADDRESS	2932 RAVINES RD	23 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MIYAMURA, AKIFUMI	32 NAME	
STREET ADDRESS	2932 RAVINES RD	33 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	BROWN, EMILY	42 NAME	Lawless, Jack
STREET ADDRESS	2452 LAKEVIEW DR	43 STREET ADDRESS	3754 Creek Hollow Lane
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP	Middleburg FL 32068
TITLE	A	51 TITLE	☒ Change ☐ Addition
NAME	WIGGINS, JOSEPH	52 NAME	
STREET ADDRESS	5024 BISCAY CT	53 STREET ADDRESS	3773 Creek Hollow Lane
CITY-ST-ZIP	ORANGE PARK FL	54 CITY-ST-ZIP	Middleburg FL 32068
TITLE	S	61 TITLE	S ☒ Change ☐ Addition
NAME	TOMITA, HIROYO	62 NAME	SATO, HIRO
STREET ADDRESS	2932 RAVINES RD	63 STREET ADDRESS	2032 Ravines Road
CITY-ST-ZIP	MIDDLEBURG FL	64 CITY-ST-ZIP	Middleburg, FL 32068

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph B. Wiggins 1/18/94 781-0381
SIGNATURE AND TYPED OR PRINTED NAME OF MGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

020P094