

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90116 035 ****61.25

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DOCUMENT # 745339

1. Corporation Name

THE RAVINES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

STATE RD 218
PO BOX 649
MIDDLEBURG FL 32050-7649

Mailing Address

STATE RD 218
PO BOX 649
MIDDLEBURG FL 32050-7649



2. Principal Place of Business

21 2932 Ravines Rd

2a. Mailing Address

26 PO Box 649

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Middleburg, FL

City & State

28 Middleburg, FL

Zip

24 32068

Country

25 USA

Zip

29 32068

Country

30 USA

3. Date Incorporated or Qualified

12/21/1978

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME PARKER, GUY
STREET ADDRESS 2932 RAVINES RD
CITY-ST-ZIP MIDDLEBURG FL

TITLE VPD ☐ DELETE

NAME MONAHAN, STEPHEN
STREET ADDRESS 2932 RAVINES RD
CITY-ST-ZIP MIDDLEBURG FL

TITLE TD ☐ DELETE

NAME SADO, HIROYUKI
STREET ADDRESS 2932 RAVINES RD
CITY-ST-ZIP MIDDLEBURG FL

TITLE D ☒ DELETE

NAME BROUGH, FRANK
STREET ADDRESS 3786 CREEK HOLLOW LANE
CITY-ST-ZIP MIDDLEBURG FL

TITLE S ☐ DELETE

NAME SADO, HIROYUKI
STREET ADDRESS 2932 RADES ROAD
CITY-ST-ZIP MIDDLEBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Marilyn J MAZZOLA

1.3 STREET ADDRESS 2932 Ravines Road

1.4 CITY-ST-ZIP Middleburg, FL 32068

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Lori Priger

4.3 STREET ADDRESS 2861 Ravines Rd

4.4 CITY-ST-ZIP Middleburg, FL 32068

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

Daytime Phone #

CR2E037 (1/98)