2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 745339

1. Entity Name
THE RAVINES COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4759 LEOPARD CIRCLE MIDDLEBURG, FL 32068	P.O. BOX 949 MIDDLEBURG, FL 32050-0949

DO NOT WRITE IN THIS SPACE

01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1972679
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELCOMYN, VINA
AWAKENINGS ASSOCIATION MANAGEMENT INC
4759 LEOPARD CIRCLE
MIDDLEBURG, FL 32068

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Vina C. Delcomyn Vina C. Delcomyn 4/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000107406
04/09/04-80013-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SENHART, NEEDET
STREET ADDRESS	411 1ST ST SOUTH
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32050
TITLE	VPD
NAME	EDGINGTON, WILLIAM
STREET ADDRESS	PO BOX 1153
CITY-ST-ZIP	ORANGE PARK, FL 32067
TITLE	D
NAME	STURCH, TODD
STREET ADDRESS	3794 CREEK HOLLOW LANE
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Needet Senhart NEEDET Senhart 4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #