

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745339

FILED
Mar 19, 2007
Secretary of State

Entity Name: THE RAVINES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4213 COUNTRY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 949
MIDDLEBURG, FL 320500949

New Mailing Address:

FEI Number: 59-1972679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DELCOMYN, VINA
AWAKENINGS ASSOCIATION MANAGEMENT INC
4213 COUNTY ROAD 218, SUITE 1
MIDDLEBURG, FL 32068 US

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:

03/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROUGH, FRANK
Address: 3786 CREEK HOLLOW LANE
City-St-Zip: MIDDLEBURG, FL 32068

Title: VPD () Delete
Name: BARNARD, JAMES
Address: 3960 LAKE CREST TERRACE
City-St-Zip: MIDDLEBURG, FL 32068

Title: S () Delete
Name: OWEN, JEANNE
Address: 142 CREEK HOLLOW LANE
City-St-Zip: MIDDLEBURG, FL 32068

Title: T () Delete
Name: SMITH, TOM
Address: 2797 RAVINES RD
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: BROUGH, FRANK
Address: 3786 CREEK HOLLOW LANE
City-St-Zip: MIDDLEBURG, FL 32068

Title: PD (X) Change () Addition
Name: BARNARD, JAMES
Address: 3960 LAKE CREST TERRACE
City-St-Zip: MIDDLEBURG, FL 32068

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

Title: VPD (X) Change () Addition
Name: SMITH, TOM
Address: 2797 RAVINES RD
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES BARNARD

PRES

03/19/2007

Electronic Signature of Signing Officer or Director

Date