2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 758953

1. Entity Name
RAVEN COVE CONDOMINIUM ASSOCIATION, INC.

FILED
05 OCT 14 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
GULFSIDE CONDOMINIUM MANAGEMENT P O BOX 101448 CAPE CORAL, FL 33910 US	GULFSIDE CONDOMINIUM MANAGEMENT P O BOX 101448 CAPE CORAL, FL 33910 US
2. Principal Place of Business	3. Mailing Address
c/o Professionally Yours	c/o Professionally Yours
Suite, Apt. #, etc. P.O. Box 100831	Suite, Apt. #, etc. P.O Box 100831
City & State Cape Coral, Fl.	City & State Cape Coral, Fl.
Zip / Country 33910 / USE	Zip / Country 33910 / USE

09092005 Chg-NP CR2E037 (10/03) 05

4. FEI Number
59-1956260
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TEAQUE, GEORGE- PROFESSIONALLY YOURS, INC. 1342 SE 46TH LANE, #3 CAPE CORAL, FL 33904	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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 September 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AROTSKY, SIDNEY 1005 SE 40TH ST #10 CAPE CORAL, FL 33904	☒ Delete	Kathleen Fiore 1005 SE 40 Street #7 Cape Coral, Fl. 33904	☐ Change ☒ Addition Treasurer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CUSTER, MILDRED 1005 SE 40TH ST #9 CAPE CORAL, FL 33904	☐ Delete	300060628603 10/14/05--01058--002 **61.25	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EBEL, MICHAEL 2541 PACKARD RD. YPSILANTI, MI 48197	☒ Delete	Sharon Hengel 900 SW 125th Way #R209 Pembroke Pines Fl. 33207	☐ Change ☒ Addition V Pres.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OGLE, RUTH 1005 SE 40TH ST., #3 CAPE CORAL, FL 33904	☒ Delete	Neil Verheimer 7062 Maple Rd. Frankenmuth, MI 48734	☐ Change ☒ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GERSTLE, IRIS 5415 PELICAN BLVD. CAPE CORAL, FL 33914	☒ Delete	Nancy Anderson 56 W. Oakdale Street Bayshore NY 11706	☐ Change ☒ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DBT 10/18	☐ Change ☐ Addition

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: Mildred L. Custer, Pres. Sept. 20, 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #