

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 10:55

DOCUMENT # 759999 (6)

1. Corporation Name
RAVENSWOOD COMMUNITY CLUB, INC.

Principal Place of Business Mailing Address
5301 SW 25TH AVE 5301 SW 25 AVE
FT. LAUDERDALE FL 33312 FT LAUDERDALE FL 33312
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/11/1981 3a. Date of Last Report 04/27/1994
4. FEI Number NOT APPLICABLE 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 2121 S.W. 53RD CT 26 5200 S.W. TERRACE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 FT. LAUDERDALE, FL 27 FT. LAUDERDALE, FL
City & State City & State
23 23 28 FT. LAUDERDALE, FL
Zip Country Zip Country
24 33312 25 USA 29 33312 30 USA

9. Name and Address of Current Registered Agent
NUNZIATO, AL
5200 SW 22ND TERR
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
81 Name AL NUNZIATO
82 Street Address (P.O. Box Number is Not Acceptable) 5200 S.W. 22ND TERRACE
83
84 City Ft. LAUDERDALE FL 85 Zip Code 33312

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 AL NUNZIATO Al Nunziato March 8, 1995
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SCIULLI, CARL
STREET ADDRESS	5291 SW 23RD AVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	WENTROBLE, GRACE
STREET ADDRESS	3028 SW 51ST ST
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	DEMARZO, DOLLY
STREET ADDRESS	5251 SW 23RD AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	PD
NAME	NUNZIATO, AL
STREET ADDRESS	5200 SW 22 TERR
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	WENTROBLE, JOE
STREET ADDRESS	3028 SW 51ST ST
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AL NUNZIATO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	5200 S.W. 22 ND TERRACE
1.3 STREET ADDRESS	FT. LAUDERDALE, FL 33312
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELSIE MARINO
2.3 STREET ADDRESS	5230 S.W. 25 TH TERRACE
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRACE Wentroble
3.3 STREET ADDRESS	3028 S.W. 51 ST ST.
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARION MCGUIRE
4.3 STREET ADDRESS	2401 S.W. 53 RD ST
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
5.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOE Wentroble
5.3 STREET ADDRESS	3028 S.W. 51 ST ST.
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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: Al Nunziato March 8, 1995 (305) 963-7152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #