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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 759999

1. Corporation Name
RAVENSWOOD COMMUNITY CLUB, INC.

Principal Place of Business Mailing Address
 2121 SW 53RD CT 5200 SW 22ND TERR
 FT. LAUDERDALE FL 33312 FT LAUDERDALE FL 33312
 US US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/11/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NUNZIATO, VERNA 5200 S.W. 22ND TERRACE FT. LAUDERDALE FL 33312				81 Name GRACE WENTROBLE			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 3028 S.W. 51ST ST.			
				84 City FT. LAUDERDALE FL 85 Zip Code 33312			

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 Grace Wentroble DATE 3-23-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, ELSIE	1.2 NAME	MARINO, ELSIE
STREET ADDRESS	5230 S.W. 25TH TERRACE	1.3 STREET ADDRESS	5230 S.W. 25TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENTROBLE, GRACE	2.2 NAME	GRACE WENTROBLE
STREET ADDRESS	3028 SW 51ST ST	2.3 STREET ADDRESS	3028 S.W. 51ST ST.
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, MARIAN	3.2 NAME	MCGUIRE, MARIAN
STREET ADDRESS	2401 S.W. 53RD ST.	3.3 STREET ADDRESS	2401 S.W. 53RD ST.
CITY-ST-ZIP	FT LAUDERDALE FL 33312	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUNZIATO, VERNA	4.2 NAME	MELVIN, BARBARA
STREET ADDRESS	5200 S.W. 22 TERR	4.3 STREET ADDRESS	5211 S.W. 29TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIETTA, FERRO	5.2 NAME	PITCHER, GERRY
STREET ADDRESS	2941 S.W. 53RD ST	5.3 STREET ADDRESS	2201 S.W. 52ND ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Grace Wentroble DATE 3-23-99 PHONE # 954-987-7824

CR2E037 (11/98)