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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 21 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770489 (3)

1. Corporation Name

RAVINES RESORT CONDOMINIUMS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 1087<br>MIDDLEBURG FL 32068-1087 | P.O. BOX 1087<br>MIDDLEBURG FL 32068-1087 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1983
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2366197 ☐ 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 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

BENNETT, JR ESQUIRE, CHARLES B
3306 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
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 | D | 1.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | WADDELL, ROBERT | 1.2 NAME | Mr. Carl Vossberg | |
| STREET ADDRESS | 2932 RAVINES ROAD, APT. 1403 | 1.3 STREET ADDRESS | 2932 Ravines Road P.O. Box 1842 | |
| CITY-ST-ZIP | MIDDLEBURG FL | 1.4 CITY-ST-ZIP | Middleburg, FL ~~32068~~ 32050 | |
| TITLE | TD | 2.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | LEO TUFO | 2.2 NAME | Leo Tufo | |
| STREET ADDRESS | 316 EVERGREEN LANE | 2.3 STREET ADDRESS | 316 Evergreen Lane | |
| CITY-ST-ZIP | MIDDLEBURG FL 32068 | 2.4 CITY-ST-ZIP | Middleburg, FL 32068 | |
| TITLE | PD | 3.1 TITLE | Remove | ☒ Change ☐ Addition |
| NAME | THOMAS BEAM, | 3.2 NAME | | |
| STREET ADDRESS | P.O. BOX 381/ RAVINES RD. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIDDLEBURG FL 32050 | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | Remove | ☒ Change ☐ Addition |
| NAME | LILLIAN REIDER, | 4.2 NAME | | |
| STREET ADDRESS | P.O. BOX 1147 N/A | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIDDLEBURG FL 32050 | 4.4 CITY-ST-ZIP | | |
| TITLE | SD | 5.1 TITLE | Remove | ☒ Change ☐ Addition |
| NAME | TUTEN, CHRISTOPHER | 5.2 NAME | | |
| STREET ADDRESS | 2933 RAVINES ROAD | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIDDLEBURG FL | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | | 6.2 NAME | Robert Mortensen | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 2787 Hartland Road | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Falls Church, VA 22043 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption limited 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.

SIGNATURE: L. W. Tufo Leo W. Tufo 2/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028100