# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

**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 |

3. Date Incorporated or Qualified: 09/29/1983
3a. Date of Last Report: 03/21/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

Charles V. Hedrick
~~BENNETT & ESQUIRE, CHARLES~~
~~3300 INDEPENDENT SQUARE~~ 200 Laura Street
JACKSONVILLE FL 32202

**10. Name and Address of New Registered Agent**

81 Name: F&L Corp.
82 Street Address (P.O. Box Number is Not Acceptable): 200 Laura Street
83
84 City: Jacksonville FL 85 Zip Code: 32202

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: Charles V. Hedrick — Charles V. Hedrick — DATE: 3/13/96
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when name changes)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>VOSSBERG, CARL<br>2932 RAVINES ROAD, P O BOX 1842<br>MIDDLEBURG FL | XX ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | President/Director<br>Joseph Lawler<br>2932 Ravines Rd., Unit 1226<br>Middleburg, FL 32068 | XX ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PF<br>LEO TUFO<br>316 EVERGREEN LANE<br>MIDDLEBURG FL | XX ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | Vice President/Director<br>Louise Beam - 2932 Ravines Rd.<br>P. O. Box 1944 Unit 1208/9<br>Middleburg, FL 32050 Middleburg, FL 32068 | XX ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MORTENSEN, ROBERT<br>2787 HARTLAND ROAD<br>FALLS CHURCH VA | XXX ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | Treasurer/Director Unit 1403<br>Robert Waddell - 2932 Ravines Rd.<br>P. O. Box 1501 Middleburg, FL 32050 32068 | XX ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | Secretary/Director<br>Lona Barnes Unit 3524<br>P. O. Box 1360 2932 Ravines Rd.<br>Middleburg, FL 32050 32068 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | Director<br>Charles Berry<br>11354 Emuness Rd.<br>Jacksonville, FL 32218 | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | 900001842249<br>-05/29/96--01032--032<br>***61.25 | ☐ Change ☐ Addition |

CR2E037 (12/95)

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 119.07(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:** _____ XXXX (904) 282-7697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

3/13/96