

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 20 1997 8:00am
Secretary of State

DOCUMENT # 770489 (3)

1. Corporation Name

RAVINES RESORT CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1087
MIDDLEBURG FL 32068-1087

P.O. BOX 1087
MIDDLEBURG FL 32068-1087

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/29/1983
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEDRICK, CHARLES V
F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LAWLER, JOSEPH
STREET ADDRESS 2932 RAVINES RD., UNIT 1226
CITY-ST-ZIP MIDDLEBURG FL 32068

1.1 TITLE VP
1.2 NAME Brian Lockwood
1.3 STREET ADDRESS P. O. Box 90185 (N/A)
1.4 CITY-ST-ZIP Gainesville, FL 32067

TITLE VPD
NAME BEAM, LOUISE
STREET ADDRESS 2932 RAVINES RD.
CITY-ST-ZIP MIDDLEBURG FL 32068

2.1 TITLE TD
2.2 NAME James Johnson
2.3 STREET ADDRESS 507 Cass Street
2.4 CITY-ST-ZIP Frankenmuth, MI 48734

TITLE TD
NAME WADDELL, ROBERT
STREET ADDRESS 2932 RAVINES RD.
CITY-ST-ZIP MIDDLEBURG FL 32050

3.1 TITLE Asst. TD
3.2 NAME Helen Bissette
3.3 STREET ADDRESS 2932 Ravines Rd., #1304
3.4 CITY-ST-ZIP Middleburg, FL 32068

TITLE SD
NAME BARNES, LONA
STREET ADDRESS 2932 RAVINES RD. UNIT 3524
CITY-ST-ZIP MIDDLEBURG FL 32068

4.1 TITLE SD
4.2 NAME Lori Priger
4.3 STREET ADDRESS 2861 Ravines Rd.
4.4 CITY-ST-ZIP Middleburg, FL 32068

TITLE D
NAME BERRY, CHARLES
STREET ADDRESS 11354 EMUNESS RD.
CITY-ST-ZIP JACKSONVILLE FL 32218

5.1 TITLE D
5.2 NAME Arch Williams
5.3 STREET ADDRESS P. O. Box 2384 (N/A)
5.4 CITY-ST-ZIP Middleburg, FL 32050

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

Brian Lockwood, Secretary of State

CR2E037 (4/97)