FILE NOW: FILING FEE IS $61.25

FILED
Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 770489

1. Corporation Name
Ravines Resort Condominiums Association, Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 09/29/83

4. FEI Number: 59-2366197 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 P.O. Box 1087
Suite, Apt. #, etc. 22
City & State 23 Middleburg FL
Zip 24 32050 Country 25 Clay

2a. Mailing Address
26 P.O. Box 1087
Suite, Apt. #, etc. 27
City & State 28 Middleburg FL
Zip 29 32050 Country 30 Clay

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Linda Parrish
82 Street Address (P.O. Box Number is Not Acceptable): H.O.M.E., Inc.
83: 301 Dow Court
84 City: Green Cove Springs FL 85 Zip Code: 32043

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: Linda Parrish Linda Parrish 06/08/98
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	☐ DELETE	1.1 TITLE	PD ☐ Change ☐ Addition
NAME		1.2 NAME	James R. Johnson
STREET ADDRESS		1.3 STREET ADDRESS	c/o 301 Dow Court
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Green Cove Springs FL 32043
TITLE	☐ DELETE	2.1 TITLE	VD ☐ Change ☐ Addition
NAME		2.2 NAME	Loretta A. Priger
STREET ADDRESS		2.3 STREET ADDRESS	2861 Ravines Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Middleburg FL 32068
TITLE	☐ DELETE	3.1 TITLE	SD ☐ Change ☐ Addition
NAME		3.2 NAME	Arch Williams
STREET ADDRESS		3.3 STREET ADDRESS	c/o 301 Dow Court
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Green Cove Aprings FL 32043
TITLE	☐ DELETE	4.1 TITLE	TD ☐ Change ☐ Addition
NAME		4.2 NAME	John M. Dilling
STREET ADDRESS		4.3 STREET ADDRESS	2932 Ravines Rd., Unit 1107
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Middleburg FL 32068
TITLE	☐ DELETE	5.1 TITLE	D ☐ Change ☐ Addition
NAME		5.2 NAME	Brian R. Lockwood
STREET ADDRESS		5.3 STREET ADDRESS	c/o 301 Dow Court
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Green Cove Springs FL 32043
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	500025580115
STREET ADDRESS		6.3 STREET ADDRESS	-06/12/98--01027--020
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

CR2E037 (10/97)

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.

SIGNATURE: James R. Johnson James R. Johnson, Pres. 06/08/98 (904)291-7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #