FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 770489

Principal Place of Business

Ravines Resort Condominiums Association, Inc.

Mailing Address

A FE Number Applied For	1				09/29/83	
2. Propice region of Business 22. Maining Architects 22. Propice					4. FEI Number Ap	oplied For
Pin Po Dox 1087 Se Po Box 1087 Se Po Box 1087 Sections of Status Desired Fee Required Section Company Section Co					59 -23 66197	ot Applicable
20 P. O. Box 1087 28 P. O. Box 1087 5ex Required Suite Apt 4. Ct Suite Apt 4. Ct 27 Suite Apt 4. Ct 28 Middleburg FL 28 Middleburg FL 28 Middleburg FL 29 32050 35 Clay 8. This corporation algorithm cowes or has pas different purpose of the purpose o	2. Principal Place of Business 2a. Mailing Address				E Contificate of Storus Desired □ \$8.75 /	Additionat
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200 10			·			n?
23 320 50 ETAY 29 320 50 30 CTAY Personal Property Tax due June 30 16 % 18 No. Name and Address of Current Registered Agent 10. Name and Address of New Registered						
Solution	32050		 32050	— ^1'a		
Similar		5]		303		<u></u>
H.O.M.E., Inc. 83 301 Dow Court Green Cove Springs FL 85 Zip Code Green Cove Springs FL 32043 Green Cove Springs	9. Name a	III Address of Content to	ogratoros Agent	81 Name		
H.O.M.E., Inc. 83 301 Dow Court Green Cove Springs FL 85 Zip Code Green Cove Springs FL 32043 Green Cove Springs					Linda Parrish	
SIGNATURE DELETE				82 Street	Address (P.O. Box Number is Not Acceptable)	
SIGNATURE				83	HayaMaEla, IIICa	
THE PURSUANT OF the provisions of Sections 617 0507 and 617 1508. Florids Statutes the above-named corporation submits this statement file the purpose of changing lie registered agent. I am familiar with, and accept the obligations of, Section 617 0503. Florida Statutes the above-named 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 agent. I am familiar with, and accept the obligations of, Section 617 0503. Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617 0503. Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617 0503. Florida Statutes agent. I am familiar with, and accept the obligations of, Section 617 0503. Florida Statutes agent. I am familiar with an acceptance of quiest department of the purpose of changing like eightored department of the purpose of the purp					301 Dow Court	
The provisions of Sections 617 6020 and 617 1508 Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am family with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE					FI 85 Zip 0	Code
SIGNATURE SIGNAT	11. Pursuant to the provision	ns of Sections 617 0502 a	nd 617 1508. Florida Statute	es, the above-named	corporation submits this statement for the purpose of changing it	s registered
SIGNATURE Supposed Assert Linda Parrish T2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS TREET ADR	office or registered ager	nt or both, in the Stale of I	lorida. Such change was a	ulhorized by the corp	poration's board of directors. I hereby accept the appointment as	registered
12. Cit Fice Fis AND DIRE CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					Malau	
12.	SIGNATURE Signature typester	L/211/24/Lij	nda Parrish	Registered Agent signature	required when reinstaling) DATE	
NAME STREET ADDRESS CITY-SI-ZIP Creen Cove Springs FL 32043 Addition						IS IN 12
STREET ADDRESS 13 STREET ADDRESS C/O 301 Dow Court Green Cove Springs FL 32043	TITLE		☐ DELETE	1.1 TITLE	PD Change	☐ Addition
STREET ADDRESS 13 STREET ADDRESS C/O 301 Dow Court Green Cove Springs FL 32043	NAME			1.2 NAME	James R. Johnson	
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STREET ADDRESS US 6.3 STREET ADDRESS US 7.0	·				-06/12/9801027028	gul

14. Thereby 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 suppliemental 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. James R. Johnson, Pres. 06/08/98 (904)291-7060

FILED

Jun 11 1998 8:00am

Secretary of State