2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
03-23-2001 90026 009 ****61.25

DOCUMENT # 770489

1. Entity 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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARRISH, LINDA HOME INC 301 DOW CT GREEN COVE SPRINGS FL 32043	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOCKWOOD, BRIAN 3175 RAVINES RD UNIT 3724 MIDDLEBURG FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Follin, Christopher G 3155 Ravines Rd Unit 3526 Middleburg FL 32068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, ARCH 3165 RAVINES RD - UNIT 3623 MIDDLESBURG FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pohalski, Allan B, Sr 2990 Ravines Rd Unit 1403 Middleburg FL 32068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PRIGER, LORETTA A 2970 RAVINES RD. - UNIT 1308 MIDDLEBURG FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Kitts, Ira 2920 Ravines Rd Unit 1203 Middleburg FL 32068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DILLING, JOHN M 2910 RAVINES RD-UNIT 1107 MIDDLEBURG FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Valentine, Barbara 2910 Ravines Rd Unit 1105 Middleburg FL 32068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VALENTINE, BARBARA 2910 RAVINES RD #1105 MIDDLEBURG FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Stryker, Lucy 2990 Ravines Rd Unit 1405 Middleburg FL 32068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CHRISTOPHER G. FOLLIN (P) 20 MAR 01 904-291-4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #