2002 UNIFORM BUSINESS REPORT (UBR)

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Mar 18, 2002 8:00 am DOCUMENT # **770489 Secretary of State** 1. Entity Name RAVINES RESORT CONDOMINIUMS ASSOCIATION, INC. 03-18-2002 90028 025 ****70.00 Principal Place of Business Mailing Address P.O. BOX 1087 P.O. BOX 1087 MIDDLEBURG FL 32068-1087 MIDDLEBURG FL 32068-1087 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Ave#202 Applied For 4. FEI Number 59-2366197 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -Street-Address (P.O. Box Number is Not Acceptable) --PERRY, ALAN 1732 KINGSLEY AVE., STE 202 **ORANGE PARK FL 32073** City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) PD TITLE ☐ Delete TITLE Change ☐ Addition FOLLIN, CHRISTOPHER G NAME NAME CR2E037 STREET ADDRESS 3155 RAVINES RD UNIT 3526 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 SD Change TITLE ☐ Delete TITLE ☐ Addition Pohalski, allán B Sr NAME NAME STREET ADDRESS 2990 RAVINES RD UNIT 1403 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIDDLEBURG MIDDLESBURG FL 32068 TITLE Delete TITLE . . Change ☐ Addition NAME KITTS. IRA NAME STREET ADDRESS STREET ADDRESS 2920 RAVINES RD UNIT 1203 CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 TITLE ☐ Change Addition TITLE Delete iniliam B. Miller NAME valentine, barbara NAME 2910 Ravins Rd #1128 STREET ADDRESS STREET ADDRESS 2910 RAVINES RD UNIT 1105 CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 TITI F Delete TITLE ☐ Change Dale Spring STRYKER, LUCY NAME NAME STREET ADDRESS STREET ADDRESS 2990 RAVINES RD UNIT 1405 CITY-ST-ZIP Middlebura CITY-ST-ZIF MIDDLEBURG FL 32068 []] Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 business empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if