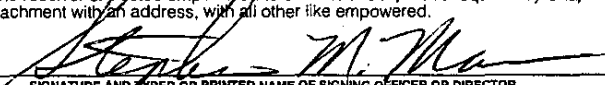


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90021 037 ****70.00

DOCUMENT # 770489 1. Entity Name RAVINES RESORT CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 1732 KINGSLEY AVENUE #202 ORANGE PARK, FL 32073			Mailing Address 1732 KINGSLEY AVENUE #202 ORANGE PARK, FL 32073		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2366197	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent PERRY, ALAN 1732 KINGSLEY AVE., STE 202 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARTER, HERB #1408, 2990 RAVINES RD. MIDDLEBURG, FL 32068 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Nettles PO Box 1885 Middleburg FL 32050-1885 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POHALSKI, ALLAN B SR 2990 RAVINES RD UNIT 1403 MIDDLEBURG, FL 32068 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, WILLIAM B 2910 RAVINES ROAD, #1128 MIDDLEBURG, FL 32068 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARLINGHOUSE, DALE 2990 RAVINES ROAD, #1405 MIDDLEBURG, FL 32068 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Fred Watson 2930 Ravines Rd #1228 Middleburg, FL 32068 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIBSON, MARTY 2920 RAVINES RD. #1201 MIDDLEBURG, FL 32068 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Stephen Mass 3175 Ravines Rd #3722 Middleburg, FL 32068 ☐ Change ☐ Addition	
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:  4/13/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					