2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State
04-01-2005 90025 044 ****70.00

DOCUMENT # 770489

1. Entity Name
RAVINES RESORT CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1732 KINGSLEY AVENUE #202 ORANGE PARK, FL 32073	1732 KINGSLEY AVENUE #202 ORANGE PARK, FL 32073

01212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc Professional Community Mgt. Inc. 786 Blanding Blvd. #118	Suite Professional Community Mgt. Inc. 1786 Blanding Blvd. #118
City Orange Park, FL 32065	City Orange Park, FL 32065
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
PERRY, ALAN ~~1732 KINGSLEY AVE., STE 202~~ ~~ORANGE PARK, FL 32073~~	Name Street Address (P.O. Box N Alan Perry 1786 Blanding Blvd. #118 Orange Park, FL 32065 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 _____ 2-9-05
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, 2005

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	D NETTLES, JAMES PO BOX 1885 MIDDLEBURG, FL 320501885	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	DS Linda Stapleton 2948 Ravines Rd. # 1207 Middleburg, FL. 32068 ☐ 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 WATSON, FRED 2930 RAVIRES RD #1228 MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2910 RAVINES RD #1108
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	DV MASS, STEPHEN 3175 RAVINE RD #3722 MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: _____ 2-9-05 904-8298-2328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #