2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State
03-09-2006 90165 002 ****61.25

DOCUMENT # 770489

1. Entity Name
RAVINES RESORT CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PROFESSIONAL COMMUNITY MGT. INC. 786 BLANDING BLVD #118 ORANGE PARK, FL 32065	PROFESSIONAL COMMUNITY MGT. INC. 786 BLANDING BLVD #118 ORANGE PARK, FL 32065

01122006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business / 3. Mailing Address

Suite, Apt. #, etc.: c/o Awakenings Assoc. Mgmt., Inc
City & State: 4213 County Road 218 Suite 1
Zip: Middleburg, Florida 32068
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

PERRY, ALAN
786 BLANDING BLVD #118
ORANGE PARK, FL 32065

7. Name and Address of New Registered Agent

Name
Street A: Ms. Vina C. Delcomyn
4759 Leopard Cir.
City: Middleburg, FL 32068
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: Vina C. Delcomyn VINA C. DELCOMYN 1/16/06
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, 2006

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	DS STAPUTON, LINDA 2948 RAVINES RD #1207 MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Stapleton, Linda	☒ 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 2910 RAVINES #1108 MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MOSS, STEPHEN 3175 RAVINE RD #3722 MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Moss, Stephen	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemptions contained in Chapter 119, 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: Fred L Watson Fred L. Watson 1-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #