

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 18, 2008
Secretary of State

DOCUMENT# 770489

Entity Name: RAVINES RESORT CONDOMINIUMS ASSOCIATION, INC.**Current Principal Place of Business:**C/O AWAKENINGS ACCOC. MGMT, INC.
4213 CNTY RD 218, STE 1
MIDDLEBURG, FL 32068**New Principal Place of Business:**155 ST. JOHNS BUSINESS PLACE
SUITE 201
ST. AUGUSTINE, FL 32095**Current Mailing Address:**C/O AWAKENINGS ACCOC. MGMT, INC.
4213 CNTY RD 218, STE 1
MIDDLEBURG, FL 32068**New Mailing Address:**P.O.BOX 600033
JACKSONVILLE, FL 32260**FEI Number:** 59-2366197**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AWAKENINGS ASSOC. MGMT. INC
4213 COUNTY ROAD 218
1
MIDDLEBURG, FL 32068 US**Name and Address of New Registered Agent:**PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS
155 ST. JOHNS BUSINESS PLACE
SUITE 201
ST. AUGUSTINE, FL 32095 US

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: ELAINE BROOKS

08/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PFEIFER, CAROLINA
Address: P.O. BOX 1323
City-St-Zip: MIDDLEBURG, FL 32050

Title: DS () Delete
Name: STAPLETON, LINDA
Address: 2948 RAVINES RD #1207
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD () Delete
Name: MILLER, WILLIAM B
Address: 2910 RAVINES ROAD, #1128
City-St-Zip: MIDDLEBURG, FL 32068

Title: DPV () Delete
Name: PINSON, BECKY
Address: 3175 RAVINES ROAD #3703
City-St-Zip: MIDDLEBURG, FL 32068

Title: DP () Delete
Name: HERRON, C. DAVID
Address: 2990 RAVINES ROAD # 1402
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PFEIFER, CAROLINA
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: DS (X) Change () Addition
Name: STAPLETON, LINDA
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: TD (X) Change () Addition
Name: MILLER, WILLIAM B
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: DPV (X) Change () Addition
Name: PINSON, BECKY
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: DP (X) Change () Addition
Name: HERRON, C. DAVID
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE BROOKS

D

08/18/2008

Electronic Signature of Signing Officer or Director

Date