2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# 770489

Entity Name: RAVINES RESORT CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

155 ST. JOHNS BUSINESS PLACE
SUITE 201
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

12058 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223

Current Mailing Address:

P.O.BOX 600033
JACKSONVILLE, FL 32260

New Mailing Address:

FEI Number: 59-2366197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS
155 ST. JOHNS BUSINESS PLACE
SUITE 201
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS
12058 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223 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 03/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition
Name: MILLER, BRUCE
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: DAVID HERRON P 03/16/2009
Electronic Signature of Signing Officer or Director — Date