

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90164 045 *****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**

11009436



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2366197**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 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

FILE NOW: FEE IS \$61.25

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	PD FOLLIN, CHRISTOPHER G 3155 RAVINES RD UNIT 3526 MIDDLEBURG FL 32068 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POHALSKI, ALLAN B SR 2990 RAVINES RD UNIT 1403 MIDDLEBURG FL 32068 ☐ Delete
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	VD GARLINGHOUSE, DALE 2990 RAVINES ROAD, #1405 MIDDLEBURG FL 32068 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV Herb Carter #1408, 2990 Ravines Road Middleburg, FL 32068 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARTY GIBSON #1408, 2990 RAVINES RD #1201 Middleburg, FL 32068 ☐ Change ☒ Addition
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:

SIGNATURE REQUIRED

CR2E037 (10/02)