

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000006297

1. Entity Name  
RAVENWOOD TOWERS, INC.



Principal Place of Business  
2077 WEST COAST HIGHWAY  
NEWPORT BEACH, CA 92663

Mailing Address  
P.O. BOX 1715  
NEWPORT BEACH, CA 92659



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
95-2535362  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**5. Name and Address of Current Registered Agent**

CADWALADER, CRAIG  
1550 SE 17TH STREET  
FT. LAUDERDALE, FL 33316

**DO NOT WRITE  
IN THIS SPACE**

6. 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 this if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPT  
HASKELL, DONALD  
2077 WEST COAST HIGHWAY  
NEWPORT BEACH, CA 92663

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
DANIELS, D.T.  
2077 WEST COAST HIGHWAY  
NEWPORT BEACH, CA 92663

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CADWALADER, CRAIG  
1550 SE 17TH STREET  
FT. LAUDERDALE, FL 33316

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
DAVIS, BARBARA J  
2077 WEST COAST HIGHWAY  
NEWPORT BEACH, CA 92663

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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]* Vice President

Date

Daytime Phone #

1/17/06 949-642-1626