

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 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



01082008 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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2008 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-08 949-6421626