

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90075 015 ****61.25

DOCUMENT # N02000008959 1. Entity Name RAVENNA AT SUN CITY CENTER FT. MYERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 24301 WALDEN CENTER DR., SUITE 300 BONITA SPRINGS, FL 34134				Mailing Address 24301 WALDEN CENTER DR., SUITE 300 BONITA SPRINGS, FL 34134	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03082005 Chg-NP CR2E037 (10/03)				4. FEI Number 46-0512749	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DR., SUITE 300 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name WCI COMMUNITIES PROPERTY MGMT, Inc Street Address (P.O. Box Number is Not Acceptable) 24301 WALDEN CENTER DR. City BONITA SPRINGS FL Zip Code 34134	
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 <i>Sylvia Keith</i> SYLVIA KEITH 2-28-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 HESSEL, MICHAEL 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMALL, TED 10710 RAVENNA WAY #304 FT. MYERS, FL. 33913	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENEDICT, IAN 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, EDWIN 10780 RAVENNA WAY #204 FT. MYERS, FL 33913	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEITH, SYLVIA 2020 CLUBHOUSE DR. SUN CITY CENTER, FL 33573	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACKER, DUANE 10700 RAVENNA WAY #102 FT. MYERS, FL. 33913	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOETZ, EUGENE 10700 RAVENNA WAY, #101 FT. MYERS, FL 33913	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OILSCHLAGER, PAT 10730 RAVENNA WAY #403 FT. MYERS, FL. 33913	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLTE, WILLIAM 10700 RAVENNA WAY, #203 FT. MYERS, FL 33913	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, PETE 10710 RAVENNA WAY #205 FT. MYERS, FL. 33913	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/19/05 813-642-1454 Date Daytime Phone #		