## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008959

FILED Apr 14, 2006 Secretary of State

Entity Name: RAVENNA AT SUN CITY CENTER FT. MYERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:	
24301 WALDEN CENTER DR., SUITE 300 BONITA SPRINGS, FL 34134				265 AIRPORT RD S NAPLES, FL 34104	
Current Mailing Address:				New Mailing Address:	
24301 WALDEN CENTER DR., SUITE 300 BONITA SPRINGS, FL 34134			C/O R&P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104		
FEI Number:	46-0512749	FEI Number Applied For ( )	FEI Nui	mber Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and Address of	of New Registered Agent:
WCI COMMUNITIES PROPERTY MGMT, INC 24201 WALDEN CENTER DR BONITA SPRINGS, FL 34134 US				R&P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104 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: GLENN CARROLL					04/14/2006
	Electron	ic Signature of Registered Ager	nt		Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () SMALL, TED 10710 RAVENN FORT MYERS,			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPD () WIILIAMS, EDV 10720 RAVENN FORT MYERS,	A WAY #204		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	TD () ACKER, DUANE 10700 RAVENN FORT MYERS,	A WAY #102		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	SD () OILSCHLAGER 10730 RAVENN FT. MYERS, FL	A WAY #403		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () THOMAS, PETE 10710 RAVENN FT. MYERS, FL	A WAY #205		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN CARROLL PRES 04/14/2006