

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90611 020 ****61.25

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

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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 46-0512749	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, VIVIAN N 24301 WALDEN CENTER DR., SUITE 300 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent	
				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 amending.)					
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	PD	☐ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	TIEFENBACH, RENEE		NAME	BRASINGTON, CHARLES	
STREET ADDRESS	24301 WALDEN CENTER DR., SUITE 300		STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	VD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	FLINN, MILT		NAME		
STREET ADDRESS	24301 WALDEN CENTER DR., SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KEITH, SYLVIA		NAME		
STREET ADDRESS	2020 CLUBHOUSE DR.		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Sylvia Keith</u> SYLVIA KEITH 4/14/03 813-642-1454					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

60020481



☐ CHECK HERE IF MAKING CHANGES

CR20037 (10/02)