## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400003955

FILED Apr 29, 2009 Secretary of State

Entity Name: REBECCAS RAVINE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 11649 REBECCA'S COVE CT. 11637 REBECCA'S COVE CT. JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 **Current Mailing Address: New Mailing Address:** 11649 REBECCA'S COVE CT. 11637 REBECCA'S COVE CT. JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 FEI Number: 20-1100164 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COBB, CHARLES PRES JOHN, GULLETT 2 PRES 11649 REBECCA'S COVE CT. 11637 REBECCA'S COVE CT. JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 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: JG 04/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition COBB, CHARLES PRES GULLETT, JOHN PRES Name: Name: 11649 REBECCA'S COVE CT. Address: 11637 REBECCA'S COVE CT. Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32223 Title: () Delete Title: () Change () Addition GORESCHAK, BILL VP Name: Name: Address: 11363 SAN JOSE BLVD Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: () Delete Title: () Change () Addition SUTER, JOHN C VP Name: Name: Address: 509 DANDELION DR. Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: TAKACS, ELIZABETH VP Name: 11625 REBECCA'S COVE CT. Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GULLETT, JOHN VP COBB, CHARLES VP Name: Name: 11637 REBECCA'S COVE CT. 11649 REBECCA'S COVE CT. Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify 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: JHG D 04/29/2009