

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000008738

1. Entity Name
RAVINIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O ADVANCED MANAGEMENT
899 WOOD BRIDGE DR
VENICE, FL 34293

Mailing Address
C/O ADVANCED MANAGEMENT
899 WOOD BRIDGE DR
VENICE, FL 34293

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MURSZEWSKY, MARINA
C/O ADVANCED MGMT INC
899 WOODBRIDGE DR
VENICE, FL 34293

Name **ADVANCED MANAGEMENT INC**

Street Address (P.O. Box Number is Not Acceptable)

899 WOOD BRIDGE DRIVE

City **VENICE**

FL Zip Code **34293**

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 readdressing)

DATE

4-27-07

**Filing Fee is \$61.25
Due by May 1, 2007**

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
NAME KOPACZ, ALEX
STREET ADDRESS 899 WOODBRIDGE DR
CITY-ST-ZIP VENICE, FL 34293

Delete

TITLE SD
NAME TIMOTHY J VINS
STREET ADDRESS 899 WOOD BRIDGE DR
CITY-ST-ZIP VENICE, FL 34293

Change Addition

TITLE TD
NAME KEITH, JAN
STREET ADDRESS 899 WOOD BRIDGE DR
CITY-ST-ZIP VENICE, FL 34293

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE SD
NAME FINAN, TOM
STREET ADDRESS 899 WOOD BRIDGE DR
CITY-ST-ZIP VENICE, FL 34293

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 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:

Janice G. Keith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE G. KEITH 4-30-07 941-484-2520
Treasurer

Date

Daytime Phone #

05-02-2007 90093 013 ****61.25

**FILED
May 02, 2007 8:00 am
Secretary of State**



02282007 Chg-NP CR2E037 (12/06)