

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13000010845

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Entity Name:** RAVEN CREST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10150 HIGHLAND MANOR DR SUITE 120  
TAMPA, FL 33610

**New Principal Place of Business:**

3936 LAKE PADGETT DR.  
LAND O LAKES, FL 34639

**Current Mailing Address:**

10150 HIGHLAND MANOR DR SUITE 120  
TAMPA, FL 33610

**New Mailing Address:**

3936 LAKE PADGETT DR.  
LAND O LAKES, FL 34639

**FEI Number:** 37-1746585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PENNINGTON, P.A.  
2701 N ROCKY POINT DR SUITE 900  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

ELITE MANAGEMENT GROUP  
3936 LAKE PADGETT DR.  
LAND O LAKES, FL 34639 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:** JUAN LAZARO

10/02/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MCCRAW, ROY J III  
**Address:** 3936 LAKE PADGETT DR  
**City-St-Zip:** LAND O LAKES, FL 34639

**Title:** VD  
**Name:** SHEELER, LARRY  
**Address:** 3936 LAKE PADGETT DR  
**City-St-Zip:** LAND O LAKES, FL 34639

**Title:** STD  
**Name:** GRIGGS, THOMAS  
**Address:** 3936 LAKE PADGETT DR  
**City-St-Zip:** LAND O LAKES, FL 34639

I hereby 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 all other like empowered.

**SIGNATURE:** ROY MCCRAW

D

10/02/2014

Electronic Signature of Signing Officer or Director

Date