


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

04-12-2005 90149 036 ****61.25

DOCUMENT # N24074
1. Entity Name
**REVELS SUBDIVISION PROPERTY OWNERS
ASSOCIATION, INC.**



2. Principal Place of Business
**201 REVELS COURT N.W.
P.O. BOX 2413 1376
BOCA GRANDE, FL 33921**

3. Mailing Address
**201 REVELS COURT N.W.
P.O. BOX 2413 1376
BOCA GRANDE, FL 33921**

66016278



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0048481

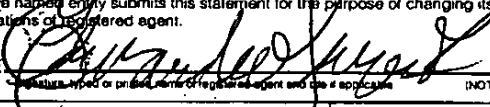
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**SEIDENSTICKER, PATRICIA
201 REVELS COURT N.W.
BOCA GRANDE, FL 33921**
**FARROW EDWARD BOCA GRANDE
214 REVELS CT. N.W. FL. 33921**

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IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARROW, EDWARD 214 REVELS CT N.W. BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REVELS, GREG 1265 SORRENTO WOODS BLVD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEIDENTSTICKER, PATRICIA 201 REVEL COURT N.W. BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/7/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #