


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90092 049 \*\*\*\*61.25

**DOCUMENT # N24074**

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



Principal Place of Business  
**201 REVELS COURT NW**  
**P.O. BOX 1376**  
**BOCA GRANDE, FL 33921**

Mailing Address  
**214 201 REVELS COURT NW**  
**P.O. BOX 2413 1376**  
**BOCA GRANDE, FL 33921**

**20028576**



2. Principal Place of Business  
 Suite, Apt. #, etc.:

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

04062006 Chg-NP CR2E037 (11/05)

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  
**FARROW, EDWARD**  
**214 REVELS CT NW, P.O. BOX 1376**  
**BOCA GRANDE, FL 33921**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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  
 NAME **FARROW, EDWARD**  
 STREET ADDRESS **214 REVELS CT NW, P.O. Box 1376**  
 CITY-ST-ZIP **BOCA GRANDE, FL 33921**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **REVELS, GREG**  
 STREET ADDRESS **1265 SORRENTO WOODS BLVD**  
 CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **SEIDENTSTICKER, PATRICIA**  
 STREET ADDRESS **201 REVEL COURT N.W.**  
 CITY-ST-ZIP **BOCA GRANDE, FL 33921**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/06** Daytime Phone # \_\_\_\_\_