

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24074

FILED  
Feb 05, 2007  
Secretary of State

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

**Current Principal Place of Business:**

214 REVELS COURT N.W.  
P.O. BOX 2413  
BOCA GRANDE, FL 33921

**New Principal Place of Business:**

231 REVELS COURT N.W.  
BOCA GRANDE, FL 33921

**Current Mailing Address:**

214 REVELS COURT N.W.  
P.O. BOX 2413  
BOCA GRANDE, FL 33921

**New Mailing Address:**

2131 REVELS COURT N.W.  
P.O. BOX 1931  
BOCA GRANDE, FL 33921

FEI Number: 65-0048481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FARROW, EDWARD  
POB 1376  
BOCA GRANDE, FL 33921 US

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

GILLIGAN, THOMAS  
231 REVELS CT  
BOCA GRANDE, FL 33921 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: THOMAS GILLIGAN

02/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FARROW, EDWARD  
Address: POB 1376  
City-St-Zip: BOCA GRANDE, FL 33921

Title: VD ( ) Delete  
Name: REVELS, GREG  
Address: 1265 SORRENTO WOODS BLVD  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GILLIGAN, THOMAS  
Address: 231 REVELS CT  
City-St-Zip: BOCA GRANDE, FL 33921

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS GILLIGAN

PD

02/05/2007

Electronic Signature of Signing Officer or Director

Date