2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# N27601

Entity Name: RAVEN OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PKWY, W.
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY, W.
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-2908756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELDER, JAY
EMERALD COAST ASSOC. MGT.
10221 EMERALD COAST PKWY, #23
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: DEAL, PHIL
Address: 1165 TROON DRIVE
City-St-Zip: SANDESTIN, FL 32550

Title: D ( ) Delete
Name: BURKE, PETER
Address: 1158 TROON DRIVE
City-St-Zip: SANDESTIN, FL 32250

Title: PD ( ) Delete
Name: CONLEY, DAVID
Address: 1476 BAYTOWNE AVE
City-St-Zip: SANDESTIN, FL 32550

Title: D ( ) Delete
Name: DECKER, RUSTY
Address: 1536 ISLAND GREEN LANE WEST
City-St-Zip: SANDESTIN, FL 32550

Title: DST ( ) Delete
Name: RACHIE, ED
Address: 1518 ISLAND GREEN LANE WEST
City-St-Zip: SANDESTIN, FL 32550

Title: D ( ) Delete
Name: KOSTICK, RAY
Address: 1466 BAYTOWNE AVE EAST
City-St-Zip: SANDESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DEAL, PHIL
Address: 1165 TROON DRIVE
City-St-Zip: SANDESTIN, FL 32550

Title: VPD (X) Change ( ) Addition
Name: BURKE, PETER
Address: 1158 TROON DRIVE
City-St-Zip: SANDESTIN, FL 32250

Title: PD (X) Change ( ) Addition
Name: RICE, JIM
Address: 1480 BAYTOWNE AVE EAST
City-St-Zip: SANDESTIN, FL 32550

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

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

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: JIM RICE PD 04/10/2007
Electronic Signature of Signing Officer or Director — Date