2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27601

FILED Apr 07, 2008 Secretary of State

Entity Name: RAVEN OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Prince	New Principal Place of Business:		
0221 EM SUITE 23	ERALD COAS	T PKW	Y, W.				
	R BEACH, FL 3	32550	US				
urrent Mailing Address:				New Maili	New Mailing Address:		
	ERALD COAS	T PKW	Y, W.				
UITE 23 IIRAMAR	R BEACH, FL 3	32550	US				
	r: 59-2908756		umber Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
ame and	d Address of (Current	Registered Agent:	Name and	Address of New Registered Agent:		
0221 EM	JAY D COAST ASS ERALD COAS R BEACH, FL 3	T PKW	Y, #23				
	e named entity e of Florida.	submits	this statement for the p	urpose of changing i	ts registered office or registered agent, or both		
IGNATU	RE:						
		nic Sign	ature of Registered Age	nt	Date		
FFICERS AND DIRECTORS:				ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO		
tle: ame: Idress: ty-St-Zip:	D (DEAL, PHIL 1165 TROON [SANDESTIN, F			Title: Name: Address: City-St-Zip:	() Change () Addition		
tle: ame: ddress: ity-St-Zip:	VPD (BURKE, PETEI 1158 TROON [SANDESTIN, F	DRIVE		Title: Name: Address: City-St-Zip:	PD (X) Change () Addition BURKE, PETER 1158 TROON DRIVE SANDESTIN, FL 32250		
tle: ame: ddress: ity-St-Zip:	PD (RICE, JIM 1480 BAYTOW SANDESTIN, F		EAST	Title: Name: Address: City-St-Zip:	D (X) Change () Addition RICE, JIM 1480 BAYTOWNE AVE EAST SANDESTIN, FL 32550		
tle: ame:	D (DECKER, RUS 1536 ISLAND (SANDESTIN, F	GREEN L	ANE WEST	Title: Name: Address: City-St-Zip:	() Change () Addition		
ldress: ty-St-Zip:) Delete		Title: Name:	DVP (X) Change () Addition MARSHALL, PAT		
	DST (RACHIE, ED 1518 ISLAND (SANDESTIN, F	GREEN L	ANE WEST	Address: City-St-Zip:	1514 ISLAND GREEN DRIVE SANDESTIN, FL 32550		

I hereby certify that the information supplied with this filing does not qualify 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: PETER BURKE PD 04/07/2008