


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000006127 (2)**

1. Corporation Name

RAVEN PARC MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

610 SW PORT ST LUCIE BLVD
PT ST LUCIE FL 34953

610 SW PORT ST LUCIE BLVD
PT ST LUCIE FL 34953

3. Date Incorporated or Qualified

12/03/1996

4. FEI Number

65-0740095

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **610 SW PORT ST LUCIE BLVD**

26 **6151 SW 56 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **PORT ST LUCIE, FL**

28 **DAVIE, FL**

Zip

Country

Zip

Country

24 **34953**

25 **ST LUCIE**

29 **33314**

30 **BROWARD**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAVARETTA, STEPHEN
1100 SW ST LUCIE W BLVD
SUITE 203
PT ST LUCIE FL 34988

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **GUTERL, JEAN**
STREET ADDRESS **612 SW PORT ST LUCIE BLVD**
CITY-ST-ZIP **PT ST LUCIE FL 34953**

TITLE **VPD** ☒ DELETE

NAME **GUTERL, ELLEN**
STREET ADDRESS **612 SW PORT ST LUCIE BLVD**
CITY-ST-ZIP **PT ST LUCIE FL 34953**

TITLE **STD** ☒ DELETE

NAME **D'LOUGHY, DAN**
STREET ADDRESS **612 SW PORT ST LUCIE BLVD**
CITY-ST-ZIP **PT ST LUCIE FL 34953**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☒ Addition

1.2 NAME **JAMIE HEISSENBERG**
1.3 STREET ADDRESS **1626 SW BILAMORE STREET**
1.4 CITY-ST-ZIP **PORT ST LUCIE, FL 34984**

2.1 TITLE **VPD** ☒ Change ☒ Addition

2.2 NAME **AL TACORNAL**
2.3 STREET ADDRESS **9621 SW 100TH AVE**
2.4 CITY-ST-ZIP **MIAMI, FL 33176**

3.1 TITLE **STD** ☒ Change ☒ Addition

3.2 NAME **LAURA M. GUMBEL**
3.3 STREET ADDRESS **6151 SW 56 COURT**
3.4 CITY-ST-ZIP **DAVIE, FL 33314**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Laura M. Gumbel**

3/6/98

954-587-6909

CR2E037 (10/97)