

# UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** NA00000000127

**1. Entity Name**  
RAVEN PARC MAINTENANCE ASSOCIATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN 30 PM 5:04

**Principal Place of Business** 1720 SW 110 TERRACE  
DAVIE, FL

**Mailing Address**  
1720 SW 110 TERRACE  
DAVIE, FL 33324

**2. Principal Place of Business**  
610 SW Port St Lucie Blvd

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

**City & State**  
Port St Lucie FL

**City & State**  
City & State

**Zip** 34983 **Country** USA

**Zip** 34983 **Country** USA

**4. FEI Number**  
65-0740095

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
NAVARETTA, Stephen  
1100 SW St. Lucie W. Blvd  
SUITE 203  
Port St. Lucie, FL 34986

**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.

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

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>PRESIDENT</u><br><u>JAMIE HEISSENBERG</u><br><u>1626 SW BILTMORE ST</u><br><u>PORT ST LUCIE, FL 34984</u> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>SEC-TRES</u><br><u>LAURA M. GUMBEL</u><br><u>1720 SW 110 TERRACE</u><br><u>DAVIE, FL 33324</u>            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>JIM WEBSTER - Director</u><br><u>9345 SW 142nd STREET</u><br><u>MIAMI, FL 33176</u>                       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>CATHY DENT</u><br><u>180 ORANGE AVE</u><br><u>FT. PIERCE, FL 34950</u>                                    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>200003655622--1</u><br><u>-02/07/01--01028--030</u><br><u>*****61.25 *****61.25</u> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>200003655622--1</u><br><u>-02/07/01--01028--031</u><br><u>*****61.25 *****61.25</u> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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:** Laura M Gumbel, Sec Treas 12/28/00 (954) 424-9190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)