


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**EFILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000002112**  
 1. Entity Name  
**ARAVA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4759 LEOPARD CIRCLE**  
**MIDDLEBURG, FL 32068**

Mailing Address  
**P.O. BOX 949**  
**MIDDLEBURG, FL 32050**

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2594277** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DELCOMYN, VINA**  
**4759 LEOPARD CIRCLE**  
**MIDDLEBURG, FL 32068**

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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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE Vina C. Delcomyn  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENARD, JAMES R 2575 COUNTY ROAD 220, SUITE 107 MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MENARD, JAMES R 2575 COUNTY ROAD 220, SUITE 107 MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRAWFORD, JOHN D 2575 COUNTY ROAD 220, SUITE 107 MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, JOHN W 2575 COUNTY ROAD 220, SUITE 107 MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000106658  
 04/08/04-80024-012 61.25

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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:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/6/04 Daytime Phone #: 804-222-5445