

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90130 046 \*\*\*\*61.25

**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**

**50006279**



2. Principal Place of Business

Suite, Apt. #, etc

**c/o Awakenings Assoc. Mgmt., Inc  
4213 County Road 218  
Suite 1  
Middleburg, Florida 32068**

City & State

Zip

Country

01122006 Chg-NP CR2E037 (11/05)

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**

7. Name and Address of New Registered Agent

Name

Street Address

**4213 County Road 218  
Suite 1**

City

**Middleburg, Florida 32068**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
CRAWFORD, JOHN D  
2575 COUNTY ROAD 220, SUITE 107  
MIDDLEBURG, FL 32068** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
WRIGHT, JOHN W  
2575 COUNTY ROAD 220, SUITE 107  
MIDDLEBURG, FL 32068** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FLOYD, KIMBERLY B  
4744 PEPPERGRASS ST  
MIDDLEBURG, FL 32068** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Kimberly B Floyd* **Kimberly Floyd**

**3/14/06**

**904/291-9598**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #