
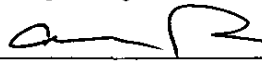
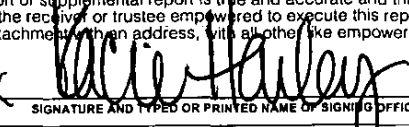


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000002112 1. Entity Name ARAVA HOMEOWNERS ASSOCIATION, INC.						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em;">06 NOV 16 AM 10:28</div> <div style="font-size: 0.8em; margin-top: 10px;"> SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business C/O AWAKENINGS ASSOC. MGMT., INC 4213 COUNTY ROAD 218, SUITE 1 MIDDLEBURG, FL 32068				Mailing Address C/O AWAKENINGS ASSOC. MGMT., INC 4213 COUNTY ROAD 218, SUITE 1 MIDDLEBURG, FL 32068			
2. Principal Place of Business 786 Blanding Blvd Suite, Apt. #, etc. Suite 118 City & State Orange Park, FL Zip 32065 Country Clay		3. Mailing Address 786 Blanding Blvd Suite, Apt. #, etc. Suite 118 City & State Orange Park, FL Zip 32065 Country Clay		10312006 Chg-NP CR2E037 (4/06)			
4. FEI Number 59-2594277				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DELCOMYN, VINA 4213 COUNTY ROAD 218 SUITE 1 MIDDLEBURG, FL 32068			
7. Name and Address of New Registered Agent Name Alan Perry Street Address (P.O. Box Number is Not Acceptable) 786 Blanding Blvd, Ste 118 City Orange Park FL Zip Code 32065				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. <div style="text-align: right; margin-top: 10px;"> 200081872522 11/16/06--01078-011 \$30.00 </div>			
SIGNATURE  ALAN PERRY <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 11/16/06			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mushow, Ron 2784 Sapid Ct. Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, JOHN W 2575 COUNTY ROAD 220, SUITE 107 MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lambrecht, Dean 3377 Shelly Dr Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, KIMBERLY B 4744 PEPPERGRASS ST MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Williams, Vickie 3084 Seth Dr Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Harley, Kacie 3068 Seth Dr Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ludwick, Kenneth 3309 Shelly Dr Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D mueller, Bruce 3455 Shelly Dr Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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:  KACIE HARLEY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date 11-2-2006 Daytime Phone #							

20 11/17