

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 10 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242008 Chg-NP CR2E037 (12/06)

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



Principal Place of Business 786 BLANDING BLVD SUITE 118 ORANGE PARK, FL 32065 US	Mailing Address 786 BLANDING BLVD SUITE 118 ORANGE PARK, FL 32065 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2594277	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERRY, ALAN 786 BLANDING BLVD SUITE 118 ORANGE PARK, FL 32065	
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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. I am familiar with, and accept the obligations of registered agent.

02/12/08 90007 006 \$70.00

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSHOW, RON 2784 SAPID COURT GREEN COVE SPRINGS, FL 32043 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karen Romito 3308 Shelly Drive Green Cove Springs FL 32043 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBRECHT, DEAN 3377 SHELLY DRIVE GREEN COVE SPRINGS, FL 32043 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pam Fennell 2713 Salina Ct. Green Cove Springs FL 32043 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, VICKIE 3084 SETH DRIVE GREEN COVE SPRINGS, FL 32043 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARLEY, KACIE 3068 SETH DRIVE GREEN COVE SPRINGS, FL 32043 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nancy Pillsbury 2730 Salina Ct Green Cove Springs ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDWICK, KENNETH 3309 SHELLY DRIVE GREEN COVE SPRINGS, FL 32043 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, BRUCE 3455 SHELLY DRIVE GREEN COVE SPRINGS, FL 32043 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <u>Wickie Williams</u>	7/8/08 904-298-2321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

KS