

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745339

Entity Name: THE RAVINES COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**C/O LIFESTYLES PROPERTY SERVICES
586 MARSH LANDING PKWY
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**C/O LIFESTYLES PROPERTY SERVICES
586 MARSH LANDING PKWY
JACKSONVILLE BEACH, FL 32250 US**FEI Number:** 59-1972679**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIFESTYLES PROPERTY SERVICES, LLC
C/O LIFESTYLES PROPERTY SERVICES
586 MARSH LANDING PKWY
JACKSONVILLE BEACH, FL 32250 US*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:** KRIS PEDERSEN

03/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name BABB, JAMES
Address C/O LIFESTYLES PROPERTY SERVICES
586 MARSH LANDING PKWY
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title PD, DIRECTOR
Name BARNARD, JAMES
Address C/O LIFESTYLES PROPERTY SERVICES
586 MARSH LANDING PKWY
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name MCKEITHAN, FRAN
Address C/O LIFESTYLES PROPERTY SERVICES
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City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name KOERNER, CAROLYN
Address C/O LIFESTYLES PROPERTY SERVICES
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City-State-Zip: JACKSONVILLE BEACH FL 32250

Title TREASURER, DIRECTOR
Name FORD, MICHAEL
Address C/O LIFESTYLES PROPERTY SERVICES
586 MARSH LANDING PKWY
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name BAXLEY, COLIN ERIC
Address C/O LIFESTYLES PROPERTY SERVICES
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City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name DRUMB, SCOTT
Address C/O LIFESTYLES PROPERTY SERVICES
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City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name DEBUSK, KEN
Address C/O LIFESTYLES PROPERTY SERVICES
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City-State-Zip: JACKSONVILLE BEACH FL 32250

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL FORD**TREASURER**

03/26/2021

Officer/Director Detail Continued :

Title SECRETARY, DIRECTOR
Name TUCKER, KATHRYN
Address C/O LIFESTYLES PROPERTY SERVICES
586 MARSH LANDING PKWY
City-State-Zip: JACKSONVILLE BEACH FL 32250