2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745339

Entity Name: THE RAVINES COMMUNITY ASSOCIATION, INC.

FILED
Apr 28, 2022
Secretary of State
4093870918CC

Date

Current Principal Place of Business:

C/O LIFESTYLES PROPERTY SERVICES

1011 3RD ST N

JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

C/O LIFESTYLES PROPERTY SERVICES 1011 3RD ST N 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 1011 3RD ST N 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 04/28/2022

Electronic Signature of Registered Agent

Officer/Director Detail :

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR

Name BOLON, DOUGLAS Name BARNARD, JAMES

Address C/O LIFESTYLES PROPERTY Address C/O LIFESTYLES PROPERTY

SERVICES SERVICES 1011 3RD ST N 1011 3RD ST N

City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip: JACKSONVILLE BEACH FL 32250

 Title
 DIRECTOR, TREASURER
 Title
 DIRECTOR, SECRETARY

 Name
 SAWYER, CARLA
 Name
 BRENT, MARGARET

Address C/O LIFESTYLES PROPERTY Address C/O LIFESTYLES PROPERTY

SERVICES SERVICES 1011 3RD ST N 1011 3RD ST N

City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR Title DIRECTOR

Name FORD, MICHAEL Name BAXLEY, COLIN ERIC

Address C/O LIFESTYLES PROPERTY Address C/O LIFESTYLES PROPERTY

SERVICES SERVICES 1011 3RD ST N 1011 3RD ST N

City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR Title DIRECTOR

Name HOENING, RICK Name DEBUSK, KENNETH

Address C/O LIFESTYLES PROPERTY Address C/O LIFESTYLES PROPERTY

SERVICES SERVICES 1011 3RD ST N 1011 3RD ST N

City-State-Zip: JACKSONVILLE BEACH FL 32250 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: DOUGLAS BOLON PRESIDENT 04/28/2022

Officer/Director Detail Continued:

Title DIRECTOR

Name TUCKER, KATHRYN

Address C/O LIFESTYLES PROPERTY SERVICES

1011 3RD ST N

City-State-Zip: JACKSONVILLE BEACH FL 32250