

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745339

FILED
Apr 28, 2022
Secretary of State
4093870918CC

Entity Name: THE RAVINES COMMUNITY ASSOCIATION, INC.

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

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BOLON, DOUGLAS
Address C/O LIFESTYLES PROPERTY SERVICES
 1011 3RD ST N
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP, DIRECTOR
Name BARNARD, JAMES
Address C/O LIFESTYLES PROPERTY SERVICES
 1011 3RD ST N
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR, TREASURER
Name SAWYER, CARLA
Address C/O LIFESTYLES PROPERTY SERVICES
 1011 3RD ST N
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR, SECRETARY
Name BRENT, MARGARET
Address C/O LIFESTYLES PROPERTY SERVICES
 1011 3RD ST N
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name FORD, MICHAEL
Address C/O LIFESTYLES PROPERTY SERVICES
 1011 3RD ST N
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name BAXLEY, COLIN ERIC
Address C/O LIFESTYLES PROPERTY SERVICES
 1011 3RD ST N
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name HOENING, RICK
Address C/O LIFESTYLES PROPERTY SERVICES
 1011 3RD ST N
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name DEBUSK, KENNETH
Address C/O LIFESTYLES PROPERTY SERVICES
 1011 3RD ST N
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