

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008959

**Entity Name:** RAVENNA AT SUN CITY CENTER FT. MYERS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 29, 2025**  
**Secretary of State**  
**1595194002CC**

**Current Principal Place of Business:**

13461 PARKER COMMONS BLVD  
SUITE 101  
FORT MYERS, FL 33912

**Current Mailing Address:**

ASSOCIA GULF COAST  
13461 PARKER COMMONS BLVD SUITE 101  
FORT MYERS, FL 33912 US

**FEI Number: 46-0512749**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASSOCIA GULF COAST  
13461 PARKER COMMONS BLVD  
SUITE 101  
FORT MYERS, FL 33912 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: SHERILYN CRAIG**

**04/29/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            JACOBS, MICHAEL  
Address        ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD  
                  SUITE 101  
City-State-Zip: FORT MYERS FL 33912

Title            VP  
Name            TRUSTEE, DONALD ELFES  
Address        ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD  
                  SUITE 101  
City-State-Zip: FORT MYERS FL 33912

Title            TREASURER  
Name            GIBSON, JOHN  
Address        ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD  
                  SUITE 101  
City-State-Zip: FORT MYERS FL 33912

Title            DIRECTOR  
Name            MOZZO, WAYNE P  
Address        ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD  
                  SUITE 101  
City-State-Zip: FORT MYERS FL 33912

*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: JACOBS , MICHAEL**

**PRESIDENT**

**04/29/2025**

Electronic Signature of Signing Officer/Director Detail

Date