

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**  
 02-29-2000 90188 002 \*\*\*\*61.25

**DOCUMENT # 757292**  
 Entity Name  
**RAINTREE VILLAGE CONDOMINIUM NO.4 ASSOCIATION, I**

Principal Place of Business Mailing Address  
**TEMPLE TERRACE HWY** **7001 TEMPLE TERRACE HWY**  
**TERRACE FL 33637** **TEMPLE TERRACE FL 33637-5734**  
**US**

LU883100



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-2118096** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEIB, PATRICIA**  
**401 E. JACKSON ST.**  
**SUITE 2400**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
DS COLON, MARIA 11712-A RAIN TREE VILLAGE BLVD TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DP MILETTA, SUSAN 11718 B RAIN TREE VILLAGE BLVD Temple TERRACE 33617
DT MILETTA, SUSAN 11718-B RAIN TREE VILLAGE BLVD TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DT URBUTEIT, MAYINE 11716 B RAIN TREE VILLAGE BLVD Temple Terrace, FL
DP SHIELD, S HUGH J. 1632 SEABREEZE PLACE TARPON SPRINGS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DS Morgan, Dorothy 11712 A RAIN TREE VILLAGE BLVD Temple Terrace
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2/797
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X Susan Mileta* 01.14.00 813-985-7136  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #