

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # 757293 (6)  
1. Corporation Name  
**RAINTREE VILLAGE PROPERTY OWNERS ASSOCIATION, INC**

Principal Place of Business Mailing Address  
% UNIVERSITY PROPERTIES, INC. % UNIVERSITY PROPERTIES, INC.  
824 EAST FLETCHER AVENUE 824 EAST FLETCHER AVENUE  
TAMPA FL 33612 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE  
3. Date incorporated or Qualified 07/15/1981 3a. Date of Last Report 04/11/1994  
4. FEI Number 59-2106798 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
LEIB, PATRICIA ESQ.  
401 E. JACKSON ST.  
SUITE 2400  
TAMPA, FL FL 33602  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, HUGH	1.2 NAME	Gallagher, Johnette
STREET ADDRESS	1328 ENISWOOD PKWAY	1.3 STREET ADDRESS	2532 Habana Pl
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS BARNES, MARGARET	2.2 NAME	SECRETARY OWENS
STREET ADDRESS	817 SETTLERS RD	2.3 STREET ADDRESS	817 SETTLERS ROAD
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA FLORIDA 33613
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOE, STEVEN	3.2 NAME	P/D
STREET ADDRESS	6012 LAKETREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKABUS, ROBERT	4.2 NAME	V/PAD
STREET ADDRESS	6010 E LAKE TREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRITSIS, GEORGE	5.2 NAME	T/D
STREET ADDRESS	11829-D SKYLAKE PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 and Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Owens* MARGARET OWENS 2/23/95 (813) 9326915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date