

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

2/797



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

3. Date Incorporated or Qualified **07/15/1981**
3a. Date of Last Report **03/24/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13.	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAHER, JOHNETTE	1.2 NAME	Vazquez, Jose
STREET ADDRESS	2532 HABANA PL	1.3 STREET ADDRESS	6018 B Lake Tree Lane
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	Temple Terr. Fla 39617
TITLE	PO <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, MARGARET	2.2 NAME	
STREET ADDRESS	817 SETTLERS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	PO <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOE, STEVEN	3.2 NAME	McKAY, Audra
STREET ADDRESS	6012 LAKETREE LANE	3.3 STREET ADDRESS	11860 W SkyLake Place.
CITY - ST - ZIP	TEMPLE TERRACE FL	3.4 CITY - ST - ZIP	Temple Terrace FL
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKABUS, ROBERT	4.2 NAME	Shields, Hugh
STREET ADDRESS	6010 E LAKE TREE LANE	4.3 STREET ADDRESS	1632 Seabreeze
CITY - ST - ZIP	TEMPLE TERRACE FL	4.4 CITY - ST - ZIP	Tarpon Springs, FL 34689
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	KIRITSIS, GEORGE	5.2 NAME	
STREET ADDRESS	11829-D SKYLAKE PL	5.3 STREET ADDRESS	000001762050
CITY - ST - ZIP	TEMPLE TERRACE FL	5.4 CITY - ST - ZIP	-03/29/96--01015--013
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	m.m.
STREET ADDRESS		6.3 STREET ADDRESS	3-27-96
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)(k), 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jose Vazquez** **2/29/96** **813-977-2604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)