

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

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-registering)

| 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)