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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Principal Place of Business: % UNIVERSITY PROPERTIES, INC. 824 EAST FLETCHER AVENUE TAMPA FL 33612
Mailing Address: % UNIVERSITY PROPERTIES, INC. 824 EAST FLETCHER AVENUE TAMPA FL 33612-2613

3. Date Incorporated or Qualified: 07/15/1981
3a. Date of Last Report: 03/27/1996
4. FEI Number: 59-2106798
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 (21-24)
2a. Mailing Address (25-30)

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

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAHER, JOHNETTE	1.2 NAME	
STREET ADDRESS	2532 HABANA PL	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input 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	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOE, STEVEN	3.2 NAME	PD
STREET ADDRESS	6012 LAKETREE LANE	3.3 STREET ADDRESS	Mc Kay, Audra
CITY - ST - ZIP	TEMPLE TERRACE FL	3.4 CITY - ST - ZIP	14860 S Skylake Place
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKBUS, ROBERT	4.2 NAME	VPD
STREET ADDRESS	6010 E LAKE TREE LANE	4.3 STREET ADDRESS	Shields, Hugh
CITY - ST - ZIP	TEMPLE TERRACE FL	4.4 CITY - ST - ZIP	1032 Seabreeze Ln
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRITSIS, GEORGE	5.2 NAME	
STREET ADDRESS	11829-D SKYLAKE PL	5.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPLE TERRACE FL	5.4 CITY - ST - ZIP	
TITLE	D/S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, JOSE	6.2 NAME	D/S
STREET ADDRESS	6018B LAKETREE LANE	6.3 STREET ADDRESS	Theresa Moto
CITY - ST - ZIP	TEMPLE TERRACE FL 33617	6.4 CITY - ST - ZIP	11870 P Skylake Place

14. I do 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 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: *Hugh J. Shields* JINED 1/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047835

CR2E037 (9/96)