


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

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 % UNIVERSITY PROPERTIES, INC. 824 EAST FLETCHER AVENUE TAMPA FL 33612	Mailing Address % UNIVERSITY PROPERTIES, INC. 824 EAST FLETCHER AVENUE TAMPA FL 33612
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3. Date Incorporated or Qualified <b>07/15/1981</b>	Applied For Not Applicable
4. FEI Number <b>59-2106798</b>	

2. Principal Place of Business 21 <b>7001 Temple Terrace Hwy.</b>	2a. Mailing Address 26 <b>7001 Temple Terrace Hwy.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 <b>Temple Terrace, Fl.</b>	City & State 28 <b>Temple Terrace, Fl.</b>
Zip 24 <b>33637</b>	Country 25
Country 25	Zip 29 <b>33637</b>
Country 25	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OWENS, MARGARET</b>	
STREET ADDRESS	<b>817 SETTLERS RD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCKAY, AUDRA</b>	
STREET ADDRESS	<b>11860 S SKYLAKE PLACE</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHIELDS, HUGH</b>	
STREET ADDRESS	<b>1032 SEABREEZE</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIRITSIS, GEORGE</b>	
STREET ADDRESS	<b>11829-D SKYLAKE PL</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MOTO, THERESA</b>	
STREET ADDRESS	<b>11870-P SKYLAKE PLACE</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TD Shields, Hugh</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VPD SASOYETZ, Roy</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_ **1-27-98** **980-1000**

CR2E037 (10/97)