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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757293

1. Corporation Name
RAINTREE VILLAGE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 US	Mailing Address 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/15/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2106798
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OWENS, MARGARET	1.1 TITLE	D COLON, MARIA
NAME	817 SETTLERS RD	1.2 NAME	11805 SKYLAKE PL.
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	Temple Terrace, FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD MCKAY, AUDRA	2.1 TITLE	SD
NAME	11860 S SKYLAKE PLACE	2.2 NAME	
STREET ADDRESS	TEMPLE TERRACE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD SHIELDS, HUGH	3.1 TITLE	VPD
NAME	1032 SEABREEZE	3.2 NAME	Walters Patricia
STREET ADDRESS	TARPON SPRINGS FL	3.3 STREET ADDRESS	11802 Lake Tree Ln
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Temple Terrace, FL
TITLE	VPD SASOVETZ, RAY	4.1 TITLE	PD
NAME	11829-D SKYLAKE PL	4.2 NAME	
STREET ADDRESS	TEMPLE TERRACE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD MOTO, THERESA	5.1 TITLE	TD
NAME	11870-P SKYLAKE PLACE	5.2 NAME	
STREET ADDRESS	TEMPLE TERRACE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ DATE: 1/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)