2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2001 8:00 am E Secretary of State **DOCUMENT # 757293** 1. Entity Name RAINTREE VILLAGE PROPERTY OWNERS ASSICIATION INC 02-03-2001 90051 025 ****61.25 Principal Place of Business Mailing Address 7001 TEMPLE TERRACE HWY 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 TEMPLE TERRACE FL 33637 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2106798 Not Applicable Zip Country Zip Country **\$8.75** Additional : 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7... Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEIB. PATRICIA ESQ. 420 W PLATT ST TAMPA FL 33606 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Change ☐ Delete TITLE ☐ Addition NIEMAS, NAME COLON, MARIA NAME 11804-B' BRINTRE LAKE LANE STREET ADDRESS 11805 SKYLAKE PL STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition PETTIGREW, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 11717 A RAINTREE VILLAGE BLVD CITY-ST-ZIP~ CITY-ST ZIP -TAMPA:FL-33637----------☐ Delete TITLE ☐ Addition Becker, NAME WALTERS, PATRICIA NAME STREET ADDRESS 11802 LAKE TREE LN STREET ADDRESS 6013-E CITY-ST-ZIP CITY-ST-7P TEMPLE TERRACD FL TITLE ☐ Delete TITLE SASOVETZ, RAY NAME NAME STREET ADDRESS 11829-D SKYLAKE PL STREET ADDRESS CITY-ST-ZIP 33617 CITY-ST-ZIP) TEMPLE TERRACE FL TITLE ☐ Delete TITLE Change Addition NAME FEUERHERDT, RUTH NAME STREET ADDRESS STREET ADDRESS 11833 SKYLAKE PL CITY-ST-ZIP **TEMPLE TERRACE FL 33637** CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

Sasovetz 1/19/01 980-1000 SIGNATURE REDETREDE **SIGNATURE:**

CITY-ST-7IP