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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00572** (0)
1. Corporation Name
RAINTREE OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

PROPERTY MANAGEMENT SYSTEMS, INC.
1890 S 14TH ST., #105, P.O. BOX 1408
FERNANDINA BEACH FL 32034

PROPERTY MANAGEMENT SYSTEMS, INC.
1890 S 14TH ST., #105, P.O. BOX 1408
FERNANDINA BEACH FL 32035-1408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/23/1983** 3a. Date of Last Report **03/28/1994**

4. FEI Number **59-2473018** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

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 **2215 E State Rd 200** 26 **P O Box 1408**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Yulee Florida** 28 **Fernandina Beach FL**

24 Zip 25 Country 29 Zip 30 Country

32097 US 32035-1408 US

9. Name and Address of Current Registered Agent

POWELL, TERRELL J.
1890 S 14TH ST., SUITE 105
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2215 E State Rd 200

83

84 City **Yulee** 85 Zip Code **FL 32097**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, 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 NAME STREET ADDRESS CITY - ST - ZIP	PD EPLEY, JACKIE 4111 PINEY BRANCH COURT JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BARNETTE, JACK 1588 BELUTHA HATCHEE RD JACKSONVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DeBENEDETTO, ANTHONY 4139 Piney Branch Court Jacksonville FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KIRKLAND, SHELLA DIANE 4153 PINEY BRANCH CT JACKSONVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OLDEN, COLLEEN 4158 Hanging Moss Court Jacksonville FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADAMS, SHAWNA N. 4157 PINEY BRANCH CT. JACKSONVILLE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CABLE, ROGER 4108 ROLLINGWOOD CT JACKSONVILLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOMCH, MAME 4138 ROLLINGWOOD CT JACKSONVILLE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COLLINS, LOU 4152 Piney Branch Court Jacksonville FL 32257

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 110.07(3)(b), 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: *Jacqueline Epley* 3-22-95 262-9305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #