

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N00572 (0)**

1. Corporation Name
RAINTREE OWNERS ASSOCIATION, INC.



Principal Place of Business: C/O PROPERTY MANAGEMENT SYSTEMS, INC. 2215 E. STATE ROAD 200 YULEE FL 32097 US
Mailing Address: C/O PROPERTY MANAGEMENT SYSTEMS, INC. P.O. BOX 1408 FERNANDINA BEACH FL 32035-1408 US

3. Date Incorporated or Qualified: **12/23/1983**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: 21 []
2a. Mailing Address: 26 **P O BOX 1987**
22 Suite, Apt. #, etc.: []
27 Suite, Apt. #, etc.: []
23 City & State: []
28 **YULEE FL**
24 Zip: [] 25 Country: []
29 **32097-1987** 30 **US**

4. FEI Number: **59-2473018**
Applied For: []
Not Applicable: []
5. Certificate of Status Desired: [] **\$8.75 Additional Fee Required**
6. Election Campaign Financing: [] **\$5.00 May Be Added to Fees**
Trust Fund Contribution: []
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes No

9. Name and Address of Current Registered Agent: **POWELL, TERRELL J. 2215 E. STATE ROAD 200 FERNANDINA BEACH FL 32097**
10. Name and Address of New Registered Agent: 81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: [] 85 Zip Code: **FL**

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	PD	<input type="checkbox"/> DELETE
NAME	EPLBY, JACKIE	
STREET ADDRESS	4111 PINEY BRANCH COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEBENEDETTO, ANTHONY	
STREET ADDRESS	4139 PINEY BRANCH COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLDEN, COLLEEN	
STREET ADDRESS	4158 HANGING MOSS COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, SHAWNA N.	
STREET ADDRESS	4157 PINEY BRANCH CT.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CABLE, ROGER	
STREET ADDRESS	4108 ROLLINGWOOD CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, LOU	
STREET ADDRESS	4152 PINEY BRANCH COURT	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Epley, Jacqueline
1.3 STREET ADDRESS	Jacksonville FL 32257
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARTIN, JEFF
2.3 STREET ADDRESS	4143 HANGING MOSS COURT
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32257
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3501 - B N. Ponce DeLeon Blvd.
3.4 CITY-ST-ZIP	St. Augustine, FL 32095
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TIPTON, DOROTHY
4.3 STREET ADDRESS	4147 ROLLINGWOOD COURT
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32257
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Jacksonville FL 32257
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STD
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	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 119.07(3)(k), 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* 3-14-96 (904) 262-9305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)