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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N00572 (0)

1. Corporation Name  
RAINTREE OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
C/O PROPERTY MANAGEMENT SYSTEMS, INC.  
2215 E. STATE ROAD 200  
YULEE FL 32097  
US  
PO BOX 1987  
YULEE FL 32041-1987  
US

3. Date Incorporated or Qualified 12/23/1983  
3a. Date of Last Report 03/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2473018	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

POWELL, TERRELL J.  
2215 E. STATE ROAD 200  
FERNANDINA BEACH FL 32097

81 Name TERRELL J. POWELL  
82 Street Address (P.O. Box Number is Not Acceptable)  
2215 EAST STATE ROAD 200  
83  
84 City YULEE FL 85 Zip Code 32097

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EPLEY, JACQUELINE 4111 PINEY BRANCH COURT JACKSONVILLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JEFF 4143 HANGING MOSS COURT JACKSONVILLE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLDEN, COLLEEN 3501-B N PONCE DELEON BLVD ST AUGUSTINE FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STD ELYSE TALPALAR 4104 PINEY BRANCH COURT JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIPTON, DOROTHY 4147 ROLLINGWOOD COURT JACKSONVILLE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CABLE, ROGER 4108 ROLLINGWOOD CT JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ALAN WACHS 4150 HANGING MOSS COURT JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COLLINS, LOU 4152 PINEY BRANCH COURT JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CAROL ANDERSON 4123 PINEY BRANCH COURT JACKSONVILLE FL 32257

14. I do 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: Jacqueline Epley JACQUELINE EPLEY Date: April 12, 1997 904 262-9305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0000447

CR2E037 (9/96)