


FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified
12/23/1983
4. FEI Number
59-2473018
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country
32041-1987

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 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	PD EPLY, JACQUELINE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4111 PINEY BRANCH COURT	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	JACKSONVILLE FL 32257
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MARTIN, JEFF	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4143 HANGING MOSS COURT	2.2 NAME	EVANS, RITA
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	4158 HANGING MOSS COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	STD TALPALAR, ELYSE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4104 PINEY BRANCH COURT	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	JACKSONVILLE FL 32257
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD TIPTON, DOROTHY	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4147 ROLLINGWOOD COURT	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	JACKSONVILLE FL 32257
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WACHS, ALAN	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4150 HANGING MOSS COURT	5.2 NAME	TOWERS, PATRICIA
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	4154 HANGING MOSS COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	D ANDERSON, CAROL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4123 PINEY BRANCH COURT	6.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	6.3 STREET ADDRESS	JACKSONVILLE FL 32257
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.

SIGNATURE: Jaqueline Eply 3/28/98 262-9305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000496

CR2E037 (10/97)