


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

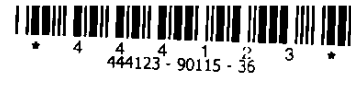
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00572

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 PO BOX 1987 YULEE FL 32041 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/23/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2473018
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 _____ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPLEY, JACQUELINE	1.2 NAME	
STREET ADDRESS	4111 PINEY BRANCH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, RITZ	2.2 NAME	EVANS, RITA
STREET ADDRESS	4158 HANGING MOSS CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TALPALAR, ELYSE	3.2 NAME	TURNER, SHARON
STREET ADDRESS	4104 PINEY BRANCH COURT	3.3 STREET ADDRESS	4135 PINEY BRANCH COURT
CITY-ST-ZIP	JACKSONVILLE FL 32257	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIPTON, DOROTHY	4.2 NAME	MALLOY, IMOGENE
STREET ADDRESS	4147 ROLLINGWOOD COURT	4.3 STREET ADDRESS	4176 ROLLINGWOOD CT
CITY-ST-ZIP	JACKSONVILLE FL 32257	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWERS, PATRICIA	5.2 NAME	
STREET ADDRESS	4154 HANGING MOSS CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CAROL	6.2 NAME	
STREET ADDRESS	4123 PINEY BRANCH COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
March 26, 99 904262-9305
Daytime Phone #

CR2E037 (1/198)