

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90001 035 ****61.25

DOCUMENT # N00572
1. Entity Name
RAINTREE OWNERS ASSOCIATION, INC.

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

00000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
c/o ProActive Association Mgt. *% ProActive Association Mgt.*
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
200 Executive Way Ste 206 **200 Executive Way Ste 206**
City & State **City & State**
Ponte Vedra, FL **Ponte Vedra, FL**

Zip **Country** **Zip** **Country**
32082 **USA** **32082** **USA**

4. FEI Number **59-2473018** **Applied For**
 \$8.75 Additional Fee Required
 Not Applicable

6. Name and Address of Current Registered Agent
POWELL, TERRELL J.
2215 E. STATE ROAD 200
YULEE FL 32097

7. Name and Address of New Registered Agent
Name **Debora H. Steenson, CAM**
Street Address (P.O. Box Number Not Acceptable) **% ProActive Association Mgt. Inc**
200 Executive Way Ste 206
City **Ponte Vedra 1** **FL** **Zip Code** **32082**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Debora H. Steenson* **Debora H. Steenson** **3/13/2000**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	EPLEY, JACQUELINE	4111 PINEY BRANCH COURT	JACKSONVILLE FL 32257	<input type="checkbox"/>
VD	EVANS, RITA	4158 HANGING MOSS CT	JACKSONVILLE FL 32257	<input type="checkbox"/>
D/Secretary	TURNER, SHARON	4135 PINEY BRANCH COURT	JACKSONVILLE FL 32257	<input type="checkbox"/>
D	MALLOY, IMOGENE	4176 ROLLINGWOOD CT	JACKSONVILLE FL 32257	<input type="checkbox"/>
D	TOWERS, PATRICIA	4154 HANGING MOSS CT	JACKSONVILLE FL 32257	<input checked="" type="checkbox"/>
D	ANDERSON, CAROL	4123 PINEY BRANCH COURT	JACKSONVILLE FL 32257	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Treasurer/D	Daniel Barron	4129 Hanging Moss Court	Jacksonville, FL 32257	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Marlette Woodard	4143 Rollingwood Ct.	Jacksonville, FL 32257	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Debora H. Steenson* **SIGNATURE REQUIRED** **3-13-2000** **904/223-5700**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)