

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
C/O PROPERTY MANAGEMENT SYSTEMS, INC.
2215 E. STATE ROAD 200
YULEE FL 32097
US

Mailing Address
PO BOX 1987
YULEE FL 32041-1987
US

00000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o ProActive Association Mgt.
 Suite, Apt. #, etc.
200 Executive Way - Ste 206
 City & State
Ponte Vedra, FL
 Zip
32082
 Country
USA

3. Mailing Address
c/o ProActive Association Mgt.
 Suite, Apt. #, etc.
200 Executive Way - Ste 206
 City & State
Ponte Vedra, FL
 Zip
32082
 Country
USA

4. FEI Number **59-2473018** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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)
c/o 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

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

FILE NOW: FEE IS \$61.25

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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* **3-13-2000** **904/223-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)