

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90083 038 \*\*\*\*61.25

0007573

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

Principal Place of Business Mailing Address  
**C/O PROACTIVE ASSOCIATION MGMT** **C/O PROACTIVE ASSOCIATION MGMT**  
**200 EXECUTIVE WAY STE 206** **200 EXECUTIVE WAY STE 206**  
**PONTE VEDRA BEACH FL 32082** **PONTE VEDRA BEACH FL 32082**  
**US** **US**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-2473018** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**STEENSON, DEBORA H**  
**C/O PROACTIVE ASSOCIATION MGMT**  
**200 EXECUTIVE WAY STE 206**  
**PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD EPLEY, JACQUELINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4111 PINEY BRANCH COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME	VD EVANS, RITA	<input type="checkbox"/> Delete
STREET ADDRESS	4158 HANGING MOSS CT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME	SD TURNER, SHARON	<input type="checkbox"/> Delete
STREET ADDRESS	4135 PINEY BRANCH COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME	D MALLOY, IMOGENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4176 ROLLINGWOOD CT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME	TD BARRON, DANIEL	<input type="checkbox"/> Delete
STREET ADDRESS	4129 HANGING MOSS CT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME	D ANDERSON, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	4123 PINEY BRANCH COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Renae White	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4137 Rollingwood Ct.	
CITY-ST-ZIP	Jacksonville FL 32257	
TITLE NAME	Kathy Griffin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4127 Piney Branch Ct	
CITY-ST-ZIP	Jacksonville FL 32257	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Daniel Barrone* **REQUIRED** Daniel Barrone 3/29/2001 904/273-572  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)