


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90491 047 \*\*\*\*61.25

DOCUMENT # N00572			
1. Entity Name RAINTREE OWNERS ASSOCIATION, INC.			
Principal Place of Business C/O SIGNATURE REALTY & MANAGEMENT, INC. 9889-1 SAN JOSE BLVD JACKSONVILLE, FL 32246 US		Mailing Address C/O SIGNATURE REALTY & MANAGEMENT, INC. 9889-1 SAN JOSE BLVD JACKSONVILLE, FL 32246 US	
2. Principal Place of Business 4003 Hartley Road Suite, Apt. #, etc.		3. Mailing Address 4003 Hartley Road Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32257		Country USA	
4. FEI Number 59-2473018		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANTRELL, BRYAN C/O SIGNATURE REALTY & MANAGEMENT, INC. 9889-1 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name: Bryan Cantrell Street Address (P.O. Box Number is Not Acceptable) Signature Realty & Management, Inc. 4003 Hartley Road City: Jacksonville FL Zip Code: 32257	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> DATE: 4/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, RITA 4158 HANGING MOSS CT JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAROL ANDERSON 4123 Piney Branch Ct Jax, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFIN, KATHY 4127 PINEY BRANCH CT JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARON TURBER 4135 Piney Branch Ct Jax, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARRON, DANIEL 4129 HANGING MOSS CT JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIEL BARRON 4129 Hanging Moss Ct Jax, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, CAROL 4123 PINEY BRANCH COURT JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIETTE WOODARD 4143 ROLLINGWOOD COURT JAX, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSRUCK, PAUL 4141 PINEY BRANCH CT. JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELEN ELLIS 4173 ROLLINGWOOD Ct JAX, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOROTHY TIPTON 4147 ROLLINGWOOD CT JAX, FL 32257 <input type="checkbox"/> Change <input checked="" 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: <i>[Signature]</i>		Date: 4-16-04 Daytime Phone #: 268-0411	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	