

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90142 022 \*\*\*\*61.25

<b>DOCUMENT # N00572</b>					
1. Entity Name RAINTREE OWNERS ASSOCIATION, INC.					
Principal Place of Business 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 US		Mailing Address 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CANTRELL, BRYAN C/O SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARTLEY ROAD JACKSONVILLE, FL 32257			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, CAROL		NAME	AMY CONTOLINI	
STREET ADDRESS	4123 PINEY BRANCH CT.		STREET ADDRESS	4138 ROLLINGWOOD CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, SHARON		NAME	SHARON TURNER	
STREET ADDRESS	4135 PINEY BRANCH CT.		STREET ADDRESS	4135 PINEY BRANCH CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	JAX, FL 32257	
TITLE	S	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRON, DANIEL		NAME	DANIEL BARRON	
STREET ADDRESS	4129 HANGING MOSS CT		STREET ADDRESS	4129 HANGING MOSS CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	JAX, FL 32257	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODARD, MARIETTE		NAME	MARK CARLYLE	
STREET ADDRESS	4143 ROLLINGWOOD COURT		STREET ADDRESS	4129 ROLLINGWOOD CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, HELEN		NAME	HELEN ELLIS	
STREET ADDRESS	4173 ROLLINGWOOD COURT		STREET ADDRESS	4173 ROLLINGWOOD	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	JAX, FL 32257	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTOCK, DAN		NAME	DAN WEINSTOCK	
STREET ADDRESS	4125 ROLLINGWOOD COURT		STREET ADDRESS	4125 ROLLINGWOOD CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	JAX, FL 32257	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Daniel R. Barron</u>		Date: <u>3-17-04</u>		Daytime Phone #: <u>(904) 262-8140</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					