


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90006 032 \*\*\*\*61.25

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



Principal Place of Business      Mailing Address  
**4003 HARTLEY ROAD**      **4003 HARTLEY ROAD**  
**JACKSONVILLE, FL 32257 US**      **JACKSONVILLE, FL 32257 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

03152007      Chg-NP      CR2E037 (12/06)  
 4. FEI Number      Applied For  
**59-2473018**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent  
**CANTRELL, BRYAN**  
**C/O SIGNATURE REALTY & MANAGEMENT, INC.**  
**4003 HARTLEY ROAD**  
**JACKSONVILLE, FL 32257**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONTOLINI, AMY	
STREET ADDRESS	4138 ROLLING WOOD CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32267	
TITLE	S	<input type="checkbox"/> Delete
NAME	TURNER, SHARON	
STREET ADDRESS	4135 PINEY BRANCH CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARRON, DANIEL	
STREET ADDRESS	4129 HANGING MOSS CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLYLE, MARK	
STREET ADDRESS	4129 ROLLING WOOD CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, HELEN	
STREET ADDRESS	4173 ROLLING WOOD	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEINSTOCK, DAN	
STREET ADDRESS	4125 ROLLING WOOD CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Contolini, Amy	
STREET ADDRESS	4138 Rollingwood Ct.	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellis, Helen	
STREET ADDRESS	4173 Rollingwood Ct.	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Daniel R. Barron*      8/15/07      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #