2003 NOT-FOR-PROFIT CORPORATION

FILED UNIFORM BUSINESS REPORT (UBR Mar 10, 2003 8:00 am Secretary of State DOCUMENT # N00572 1. Entity Name 03-10-2003 90737 004 ****61.25 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 Principal Place of Business 3. Mailing Address ment Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4.-FEI Number-59-2473018 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEENSON, DEBORA H C/O PROACTIVE ASSOCIATION MGMT 200 EXECUTIVE WAY STE 206 PONTE VEDRA BEACH FL 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. ! am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 40. "OFFICERS AND DIRECTORS تبيي ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI F ☐ Delete TITLE P, D Change ☐ Addition EVANS, RITA NAME NAME STREET ADDRESS 4158 HANGING MOSS CT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP SD TITLE Delete TITLE TURNER, SHARON ☐ Change ☐ Addition NAME NAME 4135 PINEY BRANCH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville fl 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition GRIFFIN, KATHY NAME NAME STREET ADDRESS 4127 PINEY BRANCH CT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change BARRON, DANIEL ☐ Addition NAME NAME 4129 HANGING MOSS CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE Delete TITLE Addition Change ANDERSON, CAROL NAME NAME 4123 PINEY BRANCH COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE DIRECTOR ☐ Change Addition NAME PAUL CONSBRUCK NAME STREET ADDRESS 4141 Piney Branch Ct. 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 SIGNATURE

CITY-ST-ZIP

JACKSONVILLE.

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