

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N08555 (7)**

**1. Corporation Name**  
RAINTREE VILLAGE CONDOMINIUM NO. 9 ASSOCIATION, INC.

11797



**Principal Place of Business**  
824 E.FLETCHER AVE.  
TAMPA FL 33612

**Mailing Address**  
824 E.FLETCHER AVE.  
TAMPA FL 33612

**3. Date Incorporated or Qualified** 04/05/1985  
**3a. Date of Last Report** 03/09/1995

**2. Principal Place of Business**  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

**2a. Mailing Address**  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

**4. FEI Number** 59-2644286  
 Applied For  
 Not Applicable

**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

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

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

LEIB, PATRICIA  
606 MADISON ST  
STE 2001  
TAMPA FL 33602

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** FL **85 Zip Code**

**11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE  DELETE  
NAME PD SHIELDS, HUGH  
STREET ADDRESS 1632 SEABREEZE DR  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE  DELETE  
NAME SD YOUNG, DEBRA ANN  
STREET ADDRESS 1632 SEABREEZE DR  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE  DELETE  
NAME TD YOUNG, LARRY  
STREET ADDRESS 1632 SEABREEZE DR  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.**

**SIGNATURE:** *Hugh Shields* Hugh Shields 1/18/96 937-1974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)