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Feb 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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.



Principal Place of Business Mailing Address
824 E.FLETCHER AVE. 824 E.FLETCHER AVE.
TAMPA FL 33612 TAMPA FL 33612-2613

3. Date Incorporated or Qualified 04/05/1985 3a. Date of Last Report 03/04/1996
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
LEIB, PATRICIA
606 MADISON ST
STE 2001
TAMPA FL 33602

10. Name and Address of New Registered Agent
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 reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD SHIELDS, HUGH ☒ DELETE
NAME 1632 SEABREEZE DR
STREET ADDRESS TARPON SPRINGS FL
CITY-ST-ZIP
TITLE SD YOUNG, DEBRA ANN ☒ DELETE
NAME 1632 SEABREEZE DR
STREET ADDRESS TARPON SPRINGS FL
CITY-ST-ZIP
TITLE TD YOUNG, LARRY ☒ DELETE
NAME 1632 SEABREEZE DR
STREET ADDRESS TARPON SPRINGS FL
CITY-ST-ZIP
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
1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Philip Saviola
1.3 STREET ADDRESS 9623 Norchester Circle
1.4 CITY-ST-ZIP Tampa, FL. 33647
2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME Mauro Osterman
2.3 STREET ADDRESS 6002-C Lake Tree Lane
2.4 CITY-ST-ZIP Temple Terrace, FL. 33617
3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Pattie Henderson
3.3 STREET ADDRESS 6002-D Lake Tree Lane
3.4 CITY-ST-ZIP Temple Terrace, FL. 33617
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: Philip M. Saviola 1/29/97 977-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047891

CR2E037 (9/96)