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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08555 (7)

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



Principal Place of Business 824 E FLETCHER AVE. TAMPA FL 33612	Mailing Address 824 E FLETCHER AVE. TAMPA FL 33612
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3. Date Incorporated or Qualified 04/05/1985	
4. FEI Number 59-2644286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7001 TEMPLE TERRACE HWY. Suite, Apt. #, etc.	2a. Mailing Address 26 7001 TEMPLE TERRACE HWY. Suite, Apt. #, etc.		
22 City & State 23 TEMPLE TERRACE, FL.	27 City & State 28 TEMPLE TERRACE, FL		
24 Zip 33637	25 Country	29 Zip 33637	30 Country

9. Name and Address of Current Registered Agent LEIB, PATRICIA 806 MADISON ST STE 2001 TAMPA FL 33802	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SAVIOLA, PHILLIP	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 9823 NORCHESTER CIRCLE	CITY-ST-ZIP TAMPA FL	1.2 NAME	
TITLE SD	NAME OSTERMAN, MAURO	1.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6002-C LAKE TREE LANE	CITY-ST-ZIP TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	
TITLE TD	NAME HENDERSON, PATTIE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6002-D LAKE TREE LANE	CITY-ST-ZIP TEMPLE TERRACE FL	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME Gregory B. Cobb	
TITLE	NAME	3.3 STREET ADDRESS 6002-I Lake Tree Lane	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP Temple Terrace, Fl. 33617	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. 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 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: *Gregory B. Cobb* DATE: *1-29-98*

CF2E037 (10/97)

974-2379
955-8379