



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90021 029 \*\*\*\*61.25

<b>DOCUMENT # N08555</b>					
1. Entity Name RAINTREE VILLAGE CONDOMINIUM NO. 9 ASSOCIATION, INC.					
Principal Place of Business 9300 N 16TH ST 101 TAMPA, FL 33612-8698 US		Mailing Address 9300 N 16TH ST 101 TAMPA, FL 33612-8698 US		<p>40077040</p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01222008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2644286		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
WINFIELD, JANET 9300 N 16TH ST TAMPA, FL 33612		Name <i>Mezer, Steven</i> Street Address (P.O. Box Number is Not Acceptable) <i>1801 N. Highland Ave</i> City <i>Tampa</i> FL Zip Code <i>33602</i>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKNER, HOWARD		NAME	VIRGINIA L. TURNER	
STREET ADDRESS	5600 ROCKY POINT ROAD		STREET ADDRESS	16105 N. FLORIDA AVE #A	
CITY-ST-ZIP	COOKVILLE, TN 38506		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSHNELL, BARBARA		NAME	Raymond Sasovetz	
STREET ADDRESS	6004 LAKE TREE LANE C		STREET ADDRESS	16105 N. Florida Ave # A	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESNIAK, ROSE		NAME		
STREET ADDRESS	6002 LAKE TREE LANE P		STREET ADDRESS	16105 N. Florida Ave # A	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Raymond E. Sasovetz, Pres. Comb #9</i>		Date: <i>4/17/08</i>		Daytime Phone #: <i>813 382-5910</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	