

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N20052**

1. Corporation Name

**RAINTREE INLET HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

1912 68TH DRIVE EAST  
ELLENTON FL 34222

Mailing Address

1912 68TH DRIVE EAST  
ELLENTON FL 34222

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90104 003 \*\*\*\*61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/08/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2799296	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

FOY, JAMES C  
1912 68TH DRIVE EAST  
ELLENTON FL 34222

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOLSBY, JAY	1.2 NAME	
STREET ADDRESS	1908 68 DRIVE EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL 34222	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, ROBERT L	2.2 NAME	
STREET ADDRESS	1909 68TH DRIVE EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL 34222	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOY, JAMES C	3.2 NAME	
STREET ADDRESS	1912 68TH DRIVE EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL 34222	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, LUIS	4.2 NAME	
STREET ADDRESS	2204 68TH DRIVE EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL 34222	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE-GONZAGUE, ROBERT L	5.2 NAME	SD DE-GONZAGUE, Patricia M
STREET ADDRESS	2212 68TH DRIVE EAST	5.3 STREET ADDRESS	2212 68th Drive East
CITY-ST-ZIP	ELLENTON FL 34222	5.4 CITY-ST-ZIP	Ellenton, FL 34222
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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, with all other like empowered.

SIGNATURE: *Patricia Mae deGonzague* / *Patricia Mae deGonzague* 1/12/99 941 729 3196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)