

2001 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-21-2001 90024 033 ****61.25

DOCUMENT # N20052

1. Entity 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

2. Principal Place of Business

1908 68th drive east
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 524
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ellenton FL
 Zip 34222 Country Maricopa

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Ellenton FL
 Zip 34222 Country Maricopa

4. FEI Number

59-2799296

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Alan deGonzague
 Street Address (P.O. Box Number is Not Acceptable): 2212 68th drive east
 City: Ellenton FL Zip Code: 34222

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-3-2001
 DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BOWER, SUSAN	
STREET ADDRESS	2111 68TH DR D	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHUTZ, MARILYN	
STREET ADDRESS	1908 68TH DR D	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FOY, JAMES C	
STREET ADDRESS	1912 68TH DRIVE EAST	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUBBARD, SUSAN	
STREET ADDRESS	2105 68TH D E	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWLESS, CAROL	
STREET ADDRESS	2209 68TH DR E	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Sec/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Schoenherr	
STREET ADDRESS	2111 68th Drive East	
CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan deGonzague	
STREET ADDRESS	2212 68th drive east	
CITY-ST-ZIP	Ellenton FL 34222	
TITLE	Directors	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Moody	
STREET ADDRESS	2108 68th Drive east	
CITY-ST-ZIP	Ellenton, FL 34222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Alan J. deGonzague* **REQUIRE** Alan J. deGonzague. 3/14/01 (941) 723-6507
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)