


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90009 032 ****61.25

DOCUMENT # N20052 1. Entity Name RAINTREE INLET HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1908 68TH DR E ELLENTON FL 34222		Mailing Address PO BOX 524 ELLENTON FL 34222	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2799296		Applied For <input type="checkbox"/> 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	
KOUGH, RON 2111 68TH DR E ELLENTON FL 34222		Name MARILYN J. MULLINS-SCHUTZ	
		Street Address (P.O. Box Number is Not Acceptable) 1908 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *M. J. Mullins-Schutz* 3/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEGONZAGUE, ALAN		NAME	KEN FRASER	
STREET ADDRESS	2212 68TH DR E		STREET ADDRESS	2109 68TH DR EAST	
CITY-ST-ZIP	ELLENTON FL 34222		CITY-ST-ZIP	ELLENTON, FL 34222	
TITLE	VTD	<input checked="" type="checkbox"/> Delete	TITLE	SHARON POWELL - DELEGATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUTZ, MARILYN		NAME	1919 68TH DR E	
STREET ADDRESS	1908 68TH DR E		STREET ADDRESS	ELLENTON, FL 34222	
CITY-ST-ZIP	ELLENTON FL 34222		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DELEGATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUGH, RON		NAME	JENNIFER MILLER	
STREET ADDRESS	2111 68TH DR E		STREET ADDRESS	1915 68TH DR E	
CITY-ST-ZIP	ELLENTON FL 34222		CITY-ST-ZIP	ELLENTON, FL 34222	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MATT		NAME		
STREET ADDRESS	1912 68TH DR E		STREET ADDRESS		
CITY-ST-ZIP	ELLENTON FL 34222		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUTZ, MARILYN		NAME		
STREET ADDRESS	1908 68TH DR E		STREET ADDRESS		
CITY-ST-ZIP	ELLENTON FL 34222		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGONZAGUE, ALAN		NAME		
STREET ADDRESS	2212 68TH DR E		STREET ADDRESS		
CITY-ST-ZIP	ELLENTON FL 34222		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)(i), 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: *M. J. Mullins-Schutz Treasurer* 3/1/04 941-721-7973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #