


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90018 043 \*\*\*\*61.25

<b>DOCUMENT # N20052</b>					
1. Entity Name <b>RAINTREE INLET HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 1908 68TH DR E ELLENTON, FL 34222		Mailing Address PO BOX 524 ELLENTON, FL 34222			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2799296	
				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		
MULLINS-SCHUTZ, MARILYN J 1908 68TH DRIVE EAST ELLENTON, FL 34222			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, KEN		NAME	LAWLESS, CAROLYN	
STREET ADDRESS	2109 68TH DR EAST		STREET ADDRESS	2209 68TH DRIVE EAST	
CITY-ST-ZIP	ELLENTON, FL 34222		CITY-ST-ZIP	ELLENTON, FL 34222	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, RICHARD		NAME		
STREET ADDRESS	2108 68TH DR E		STREET ADDRESS		
CITY-ST-ZIP	ELLENTON, FL 34222		CITY-ST-ZIP		
TITLE	VP Pres	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MATT		NAME	MATT TAYLOR	
STREET ADDRESS	1912 68TH DR E.		STREET ADDRESS		
CITY-ST-ZIP	ELLENTON, FL 34222		CITY-ST-ZIP		
TITLE	T VP	<input type="checkbox"/> Delete	TITLE	VP-TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUTZ, MARILYN		NAME	MARILYN SCHUTZ	
STREET ADDRESS	1908 68TH DR E.		STREET ADDRESS		
CITY-ST-ZIP	ELLENTON, FL 34222		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JENNIFER		NAME		
STREET ADDRESS	1915 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			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>M. J. Mullins-Schutz - VP - Treasurer</i>			Date: <i>3/18/06</i>		Daytime Phone #: <i>941-721-7973</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					