


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



03092007 No Chg-NP CR2E037 (4/06)

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

MULLINS-SCHUTZ, MARILYN J
 1908 68TH DRIVE EAST
 ELLENTON, FL 34222

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	LAWLESS, CAROLYN
STREET ADDRESS	2209 68TH DR. E
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	D
NAME	MOODY, RICHARD
STREET ADDRESS	2108 68TH DR E
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	P
NAME	TAYLOR, MATT
STREET ADDRESS	1912 68TH DR E.
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	VT
NAME	SCHUTZ, MARILYN
STREET ADDRESS	1908 68TH DR E.
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	D
NAME	MILLER, JENNIFER
STREET ADDRESS	1915 68TH DR E
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/03/07-80055-007 61.25

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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: *M.J. Mullins-Schutz - V.P. Treasurer* **3/23/07** **941-721-7973**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #