


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/3. **FILED**
Apr 01, 2008 8:00 am
Secretary of State

03-03-2008 90193 023 ****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**

66005545



02172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2799286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
**MULLINS-SCHUTZ, MARILYN J
 1908 68TH DRIVE EAST
 ELLENTON, FL 34222**

DO NOT WRITE IN THIS SPACE

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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: Marilyn J. Mullins-Schutz, Treasurer/VP 3/27/08 941-721-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

MARILYN J. Mullins-Schutz -