

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90039 016 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2799296**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DEGONZAGUE, ALAN  
2212 68TH ST E  
ELLENTON FL 34222**

7. Name and Address of New Registered Agent

Name

**RON KOUGH**

Street Address (P.O. Box Number is Not Acceptable)

**2111 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

*Marilyn Schutz, Treasurer*

**2/25/03**

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**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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 **D**  Delete  
NAME **DEGONZAGUE, ALAN**  
STREET ADDRESS **2212 68TH DR E**  
CITY-ST-ZIP **ELLENTON FL 34222**

TITLE **PRESIDENT**  Change  Addition  
NAME **RON KOUGH**  
STREET ADDRESS **2111 68TH DRIVE EAST**  
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE **TD**  Delete  
NAME **SCHUTZ, MARILYN**  
STREET ADDRESS **1908 68TH DR E**  
CITY-ST-ZIP **ELLENTON FL 34222**

TITLE **VICE PRESIDENT**  Change  Addition  
NAME **MATT TAYLOR**  
STREET ADDRESS **1912 68TH DRIVE EAST**  
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE **SD**  Delete  
NAME **LAWLESS, CAROLYN**  
STREET ADDRESS **2209 68TH DR E**  
CITY-ST-ZIP **ELLENTON FL 34222**

TITLE **DELEGATE**  Change  Addition  
NAME **SHARON POWELL**  
STREET ADDRESS **1919 68TH DRIVE EAST**  
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE **D**  Delete  
NAME **LAWLESS, CAROL**  
STREET ADDRESS **2209 68TH DR E**  
CITY-ST-ZIP **ELLENTON FL 34222**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **TREASURER  
MARILYN SCHUTZ**  
STREET ADDRESS **1908 68TH DRIVE EAST**  
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **DELEGATE  
ALAN DEGONZAGUE**  
STREET ADDRESS **2212 68TH DRIVE EAST**  
CITY-ST-ZIP **ELLENTON, FL 34222**

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: *Marilyn Schutz* **RE(MARILYN) SCHUTZ TREASURER 2/25/03 944-721-7973**

CR2E037 (10/02)