

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N46013 (1)

1. Corporation Name

THE HOMEOWNERS ASSOCIATION OF RAIN TREE SUBDIVISION, INC.

Principal Place of Business

C/O 6110 GRAPE FERN CT  
TEMPLE TERRACE FL 33617  
US

Mailing Address

C/O 6110 GRAPE FERN CT  
TEMPLE TERRACE FL 33617  
US



3. Date Incorporated or Qualified

11/14/1991

3a. Date of Last Report

06/13/1995

4. FEI Number

59-3126492

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

P.O. BOX 291 376

26

Suite, Apt. #, etc.

27

City & State

28

TEMPLE TERRACE, FL

29

Zip

30

Country

33687

US

9. Name and Address of Current Registered Agent

STOCK, PETER  
6110 GRAPE FERN CT  
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

DP  
STOCK, PETER  
6110 GRAPE FERN CT  
TEMPLE TERRACE FL

TITLE NAME ☐ DELETE

DT  
ALBRITTON, KENNETH  
12804 RAIN FOREST ST  
TEMPLE TERRACE FL

TITLE NAME ☐ DELETE

DV  
HOLTKAMP, MICHAEL  
6106 GRAPE FERN CT.  
TEMPLE TERRACE FL

TITLE NAME ☐ DELETE

DS  
GREEN, TRENT  
12801 RAIN FOREST ST  
TEMPLE TERRACE FL

TITLE NAME ☐ DELETE

D  
CARTWRIGHT, JERRY  
6108 GRAPE FERN CT  
TEMPLE TERRACE FL

TITLE NAME ☐ DELETE

D  
FOSTER, MARJORIE  
5909 SOARING AVE  
TEMPLE TERRACE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

D  
STOCK, BARBARA  
6110 GRAPE FERN CT  
TEMPLE TERRACE, FL 33617

2.1 TITLE ☐ Change ☐ Addition

D  
JUNG, BEVERLY  
12403 RAIN FOREST ST  
TEMPLE TERRACE, FL 33617 **DELETE**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-96

813-978-4675

Date

Daytime Phone

CR2E037 (12/95)