

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00572

**FILED**  
**Apr 03, 2017**  
**Secretary of State**  
**CC2287865807**

**Entity Name:** RAIN TREE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4003 HARTLEY ROAD  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

4003 HARTLEY ROAD  
JACKSONVILLE, FL 32257 US

**FEI Number:** 59-2473018

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CANTRELL, BRYAN  
C/O SIGNATURE REALTY & MANAGEMENT, INC.  
4003 HARTLEY ROAD  
JACKSONVILLE, FL 32257 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CANNON, ELLEN  
Address        4003 HARTLEY RD.  
City-State-Zip: JACKSONVILLE FL 32257

Title            SECRETARY  
Name            BARRON, DANIEL  
Address        4003 HARTLEY RD  
City-State-Zip: JACKSONVILLE FL 32257

Title            TREASURER  
Name            ELLEN, HOLLIE  
Address        4003 HARTLEY RD  
City-State-Zip: JACKSONVILLE FL 32257

Title            DIRECTOR  
Name            LANHAM, LYNN  
Address        4003 HARTLEY ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title            VP  
Name            MICHALAK, DENNY  
Address        4003 HARTLEY ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title            DIRECTOR  
Name            TITUS, MARY  
Address        4003 HARTLEY ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title            DIRECTOR  
Name            MARTIN, JEFF  
Address        4003 HARTLEY ROAD  
City-State-Zip: JACKSONVILLE FL 32257

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELLEN CANNON

**PRESIDENT**

**04/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date