

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46013

Entity Name: THE HOMEOWNERS ASSOCIATION OF RAINTREE
SUBDIVISION, INC.**Current Principal Place of Business:**12705 RAIN FOREST ST
TEMPLE TERRACE, FL 33617**Current Mailing Address:**12705 RAIN FOREST ST
TEMPLE TERRACE, FL 33617 US**FEI Number: 59-3126492****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRESNYAN, THOMAS M
12705 RAIN FOREST ST
TEMPLE TERRACE, FL 33617 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: THOMAS M. BRESNYAN****04/17/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	BRESNYAN, THOMAS M
Address	12705 RAIN FOREST ST
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	VP
Name	HINES COBB, CAROL DIR
Address	12701 RAIN FOREST ST
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	DS
Name	WILLIAMS, WALT SEC
Address	5903 SOARING AVE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	DV
Name	HANNAWAY, GORDON VP
Address	6002 SOARING AVE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	DIRECTOR
Name	BRESNYAN, THOMAS
Address	12705 RAIN FOREST ST
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	PRESIDENT
Name	BUGAJSKI, JULIA M
Address	6007 SOARING AVE
City-State-Zip:	TEMPLE TERRACE FL 33617

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: THOMAS M BRESNYAN**TREASURER****04/17/2024**

Electronic Signature of Signing Officer/Director Detail

Date