

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90089 025 ****61.25

DOCUMENT # 731147

1. Entity Name
**RAINTREE MANOR HOMES CONDOMINIUMS
ASSOCIATION, INC.**



Principal Place of Business
**7001 TEMPLE TERRACE HWY
TAMPA, FL 33637 US**

Mailing Address
**7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 US**

40014352



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1723584

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIB, PATRICIA
420 W PLATT ST
TAMPA, FL 33606**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **PD** ☐ Delete
NAME **GARNATZ, LINDA**
STREET ADDRESS **6302 WOODSPRAY**
CITY- ST- ZIP **TEMPLE TERRACE, FL 33617**

TITLE **VPD** ☐ Delete
NAME **KING, SUZANNE**
STREET ADDRESS **11739 RAIN TREE DR**
CITY- ST- ZIP **TAMPA, FL 33617**

TITLE **SD** ☐ Delete
NAME **DESROSIER, ANGELA**
STREET ADDRESS **6305 MORNING MIST**
CITY- ST- ZIP **TEMPLE TERRACE, FL 33617**

TITLE **TD** ☐ Delete
NAME **DRANSFIELD, LARRY**
STREET ADDRESS **6202 GREENLEAF LN**
CITY- ST- ZIP **TEMPLE TERRACE, FL 33617**

TITLE **D** ☒ Delete
NAME **EMERY, ERIC**
STREET ADDRESS **11771 RAIN TREE DR**
CITY- ST- ZIP **TEMPLE TERRACE, FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME **D SANDAG, IOAN**
STREET ADDRESS **6310 MORNING MIST COURT**
CITY- ST- ZIP **TEMPLE TERRACE FL 33617**

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:

Larry Dransfield **Larry Dransfield**

1/23/07

Date

256-683-4562

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR