


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90038 031 \*\*\*\*61.25

<b>DOCUMENT # 731147</b> 1. Entity Name <b>RAINTREE MANOR HOMES CONDOMINIUMS ASSOCIATION, INC.</b>					
Principal Place of Business <b>7001 TEMPLE TERRACE HWY TAMPA, FL 33637 US</b>				Mailing Address <b>7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1723584</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LEIB, PATRICIA 420 W PLATT ST TAMPA, FL 33606</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARNATZ, LINDA</b>		NAME		
STREET ADDRESS	<b>6302 WOODSPRAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KING, SUZANNE</b>		NAME	<b>PD KING, SUZANNE</b>	
STREET ADDRESS	<b>11739 RAIN TREE DR</b>		STREET ADDRESS	<b>11739 RAIN TREE DR</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33617</b>		CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DESROSIER, ANGELA</b>		NAME	<b>SD Marshall, Martha</b>	
STREET ADDRESS	<b>6305 MORNING MIST</b>		STREET ADDRESS	<b>6225 GREENLEAF AVE</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DRANSFIELD, LARRY</b>		NAME		
STREET ADDRESS	<b>6202 GREENLEAF LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SANDAG, JOAN</b>		NAME	<b>VPD SANDAG, JOAN</b>	
STREET ADDRESS	<b>6310 MORNINGMIST CT.</b>		STREET ADDRESS	<b>6310 MORNINGMIST CT</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>RIHM, ROBERT</b>	
STREET ADDRESS			STREET ADDRESS	<b>6313 MORNINGMIST COURT</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>	
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: <i>Suzanne L. Herbert King</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4-22-08</b> Daytime Phone #: <b>813-980-1000</b>		