

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90226 007 ****61.25

DOCUMENT # 749737

1. Entity Name
**RAINTREE MANOR HOMES PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**9300 N. 16TH STREET
TAMPA, FL 33612 US**

Mailing Address
**9300 N. 16TH STREET
TAMPA, FL 33612 US**

50052394



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1987442

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

**HANNA LEMAR & MORRIS CPA'S PA
6508 E. FOWLER AVENUE
TAMPA, FL 33617**

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 September 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BUTLER, KATHLEEN
STREET ADDRESS 11871 RAINTREE DR
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

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

TITLE VPD ☐ Delete
NAME EMERY, ERIC
STREET ADDRESS 11771 RAINTREE DRIVE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

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

TITLE D- ☐ Delete
NAME GURTIS, JOHN
STREET ADDRESS 11918 LAKE MIST CIRCLE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

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

TITLE TD ☐ Delete
NAME HUDSON, KAREN
STREET ADDRESS 6310 WOODSPRAY LANE
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

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

TITLE SD ☐ Delete
NAME CARTER, KEN
STREET ADDRESS 11866 NORTH TRAIL
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Change ☒ Addition
NAME Walsh, Bebe
STREET ADDRESS 6229 Dewdrop Way
CITY-ST-ZIP Temple Terrace, FL 33617

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kathleen Butler **Kathleen Butler** 5-10-05 276-5691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR POA President Date Daytime Phone # x243