


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90181 047 ****61.25

DOCUMENT # 749738

1. Entity Name
RAINTREE MANOR HOMES CONDOMINIUM ASSOCIATION NO. 2, INC.




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

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

40023454

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1983947

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEIB, PATRICIA ESQ.
 401 E. JACKSON ST.
 SUITE 2400
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent

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, 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

TITLE	TD	<input type="checkbox"/> Delete
NAME	HUNSINGER, BETTIE	
STREET ADDRESS	6321 MISTY TERRACE	
CITY-ST-ZIP	TEMPLE TERRACE,, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, KENNETH	
STREET ADDRESS	11866 NORTH TRAIL AVE	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PONTE, LEON	
STREET ADDRESS	6218 GOLDEN MOSS WAY	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PIP Koplensk, Gil</i>	
STREET ADDRESS	<i>6314 Misty Terrace</i>	
CITY-ST-ZIP	<i>TEMPLE Terrace, Fl. 33617</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>S/D Koplensk, Gil</i>	
STREET ADDRESS	<i>6314 misty Terrace</i>	
CITY-ST-ZIP	<i>Temple Terrace, Fl. 33617</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Bettie Hunsinger* **Bettie Hunsinger** *2-22-05* **980-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #