


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1998 8:00am  
Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750621 (5)**

1. Corporation Name

**RAINTREE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**330 OLDE POST RD.  
NICEVILLE FL 32578  
US**

**330 OLDE POST RD.  
NICEVILLE FL 32578  
US**



3. Date Incorporated or Qualified

**01/16/1980**

4. FEI Number

**59-2819167**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIPLE, BRUCE  
330 OLDE POST RD.  
NICEVILLE FL 32578**

81 Name **SHIPLEY**

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	PD
NAME	KING, GEORGE S
STREET ADDRESS	303 OLD POST ROAD
CITY-ST-ZIP	NICEVILLE FL

TITLE	VD
NAME	HOHN, ROGER
STREET ADDRESS	264 OLDE POSTE ROAD
CITY-ST-ZIP	NICEVILLE FL 32578

TITLE	SD
NAME	SHIPLEY, BRUCE
STREET ADDRESS	330 OLDE POST RD.
CITY-ST-ZIP	NICEVILLE FL

TITLE	TD
NAME	YOUNG, CARLTON
STREET ADDRESS	71 NORWICH CIRCLE
CITY-ST-ZIP	NICEVILLE FL 32578

TITLE	VPD
NAME	BRADFORD, NELL
STREET ADDRESS	410 OLDE POST RD.
CITY-ST-ZIP	NICEVILLE FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	303 OLDE
1.4 CITY-ST-ZIP	

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	SD
3.2 NAME	SNELL, MARY
3.3 STREET ADDRESS	4508 SOUTH BRISTOL CT.
3.4 CITY-ST-ZIP	NICEVILLE, FL 32578

4.1 TITLE	TD
4.2 NAME	SHERWOOD, RANDALL
4.3 STREET ADDRESS	434 OLDE POST RD.
4.4 CITY-ST-ZIP	NICEVILLE, FL 32578

5.1 TITLE	VD
5.2 NAME	HURTADO, TIOA
5.3 STREET ADDRESS	447 OLDE POST ROAD
5.4 CITY-ST-ZIP	NICEVILLE, FL 32578

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: REQUIRED**

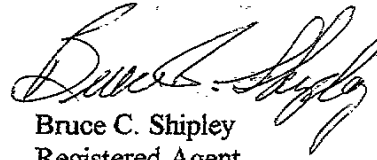
**10 JAN 98**

CR2E037 (10/97)

## The Raintree Association

(Mailing Address)  
330 Olde Post Road  
Niceville, FL 32578

Block seven (7) was marked as a NO. We are a nonprofit homeowners association, but our membership is not mandatory as described in your general instructions.



Bruce C. Shipley  
Registered Agent