

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90114 047 ****61.25

DOCUMENT # 750621

1. Corporation Name

RAINTREE ASSOCIATION, INC.

Principal Place of Business

330 OLDE POST RD.
NICEVILLE FL 32578
US

Mailing Address

330 OLDE POST RD.
NICEVILLE FL 32578
US



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 01/16/1980 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 59-2819167 |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | 28 | |
| Zip | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | 29 | 30 |

9. Name and Address of Current Registered Agent

SHIPLEY, BRUCE
330 OLDE POST RD.
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, GEORGE S | 1.2 NAME | |
| STREET ADDRESS | 303 OLDE POSTE RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NICEVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOHN, ROGER | 2.2 NAME | Hohn, LINDA |
| STREET ADDRESS | 264 OLDE POSTE ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SNELL, MARY | 3.2 NAME | TD Mary Rooney Snell |
| STREET ADDRESS | 4508 SOUTH BRISTOL CT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHERWOOD, RANDALL | 4.2 NAME | SD |
| STREET ADDRESS | 434 OLDE POST RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | 4.4 CITY-ST-ZIP | |
| TITLE | VD | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HURTADO, TINA | 5.2 NAME | VD COCCO, ROCHELLE C. |
| STREET ADDRESS | 447 OLDE POST RD | 5.3 STREET ADDRESS | 11 HAMPTON CIRCLE |
| CITY-ST-ZIP | NICEVILLE FL 32578 | 5.4 CITY-ST-ZIP | NICEVILLE, FL 32578 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(i), 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, with all other like empowered.

SIGNATURE:

Mary Rooney Snell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/99

Daytime Phone #

850 897-0718

CR2E037 (11/98)