

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 750621

FILED
Oct 29, 2004
Secretary of State**Entity Name:** RAINTREE ASSOCIATION, INC.**Current Principal Place of Business:**330 OLDE POST RD.
NICEVILLE, FL 32578 US**New Principal Place of Business:****Current Mailing Address:**330 OLDE POST RD.
NICEVILLE, FL 32578 US**New Mailing Address:****FEI Number:** 59-2819167**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHIPLEY, BRUCE
330 OLDE POST RD.
NICEVILLE, FL 32578 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: KING, GEORGE S
Address: 303 OLDE POST RD
City-St-Zip: NICEVILLE, FL**Title:** VD () Delete
Name: HOHN, LINDA
Address: 303 OLDE POST RD
City-St-Zip: NICEVILLE, FL 32578**Title:** TD () Delete
Name: SNELL, MARY R
Address: 4508 SOUTH BRISTOL CT
City-St-Zip: NICEVILLE, FL 32578**Title:** SD () Delete
Name: ADAMS, MARK
Address: 1245 SHIPLEY DR
City-St-Zip: NICEVILLE, FL 32578**Title:** VD () Delete
Name: SISK, MARY ANN
Address: 1203 SHIPLEY DRIVE
City-St-Zip: NICEVILLE, FL 32578**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: COX, GEORGE
Address: 227 OLDE POST ROAD
City-St-Zip: NICEVILLE, FL 32578**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: SHELDON, JACQUELIN
Address: 108 WEST HAMPTON COURT
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE S. KING

PD

10/29/2004

Electronic Signature of Signing Officer or Director

Date