

# ANNUAL REPORT

DOCUMENT # 750621

1. Entity Name  
RAINTREE ASSOCIATION, INC.



**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
330 OLDE POST RD.  
NICEVILLE, FL 32578 US

Mailing Address  
330 OLDE POST RD.  
NICEVILLE, FL 32578 US



**DO NOT WRITE IN THIS SPACE**

01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2819167

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SHIPLEY, BRUCE  
330 OLDE POST RD.  
NICEVILLE, FL 32578

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KING, GEORGE S
STREET ADDRESS	303 OLDE POST RD
CITY-ST-ZIP	NICEVILLE, FL
TITLE	VD
NAME	HOHN, LINDA
STREET ADDRESS	303 OLDE POST RD
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	TD
NAME	COX, GEORGE
STREET ADDRESS	227 OLDE POST ROAD
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	SD
NAME	ADAMS, MARK
STREET ADDRESS	1245 SHIPLEY DR
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	VD
NAME	SHELDON, JACQUELIN
STREET ADDRESS	108 WEST HAMPTON COURT
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: [Signature] 20 Jan 05 850 897-3172