


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90265 030 ****70.00

DOCUMENT # 750621	
1. Entity Name RAINTREE ASSOCIATION, INC.	

Principal Place of Business 4508 SOUTH BRISTOL COURT NICEVILLE, FL 32578 US	Mailing Address 4508 SOUTH BRISTOL COURT NICEVILLE, FL 32578 US
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2. Principal Place of Business - No P.O. Box # 1218 Shipley Dr.	3. Mailing Address 1218 Shipley Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04292008 Chg-NP CR2E037 (12/06)

City & State Niceville, FL	City & State Niceville, FL
Zip 32578	Zip 32578
Country US	Country US

4. FEI Number 59-2819167	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SNELL, MARY R 4508 SOUTH BRISTOL COURT NICEVILLE, FL 32578	
7. Name and Address of New Registered Agent Name James R. Combie Street Address (P.O. Box Number is Not Acceptable) 1218 Shipley Dr. City Niceville FL Zip Code 32578	

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 James R. Combie [Signature] 4/29/08
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNELL, MARY R 4508 SOUTH BRISTOL COURT NICEVILLE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Scott K. Roberts 317 olde Post Rd. Niceville, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE VOS, DAVID L 104 WEST HAMPTON COURT NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUMBI, JAMES R 1218 SHIPLEY DRIVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, MARK J 1245 SHIPLEY DR NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCALF, DULCIE J 335 OLDE POST ROAD NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James R. Combie [Signature] 4/29/08 (850) 582-0729
Signature and typed or printed name of signing officer or director Date Daytime Phone #