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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # 751682 1. Entity Name RAINTREE FOREST PROPERTY OWNERS' ASSOCIATION, INC. | | | |
| Principal Place of Business 3606 EAST WILDERNESS DRIVE FT. PIERCE, FL 34982 | | Mailing Address 3606 EAST WILDERNESS DRIVE FT. PIERCE, FL 34982 | |
| <h2>DO NOT WRITE IN THIS SPACE</h2> | | | |
| 01202006 No Chg-NP CR2E037 (11/05) | | | |
| 4. FEI Number 59-2224039 | | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent FRANCISCA, CRAIG 3606 EAST WILDERNESS DRIVE FT. PIERCE, FL 34982 | | <h2>DO NOT WRITE IN THIS SPACE</h2> | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when Reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRANCISCO, CRIAG 3606 E. WILDERNESS DRIVE FT. PIERCE, FL 34982 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS NORMAN, KNOWLES 2405 WILDERNESS DR SOUTH FORT PIERCE, FL 34982 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT KRAUSE, MARY 2407 S. WILDERNESS DRIVE FT. PIERCE, FL 34982 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, MARY ANN 2409 WILDERNESS DR SOUTH FORT PIERCE, FL 34982 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REDSTONE, STEVE 3608 WILDERNESS DR EAST FORT PIERCE, FL 34982 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | | |
| 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: 1/23/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |



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02/06/06-80019-025 61.25

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