2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2007
Secretary of State

DOCUMENT# 751682

Entity Name: RAINTREE FOREST PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3606 EAST WILDERNESS DRIVE
FT. PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

3606 EAST WILDERNESS DRIVE
FT. PIERCE, FL 34982

New Mailing Address:

FEI Number: 59-2224039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRANCISCA, CRAIG
3606 EAST WILDERNESS DRIVE
FT. PIERCE, FL 34982 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:	D	( ) Delete
Name:	FRANCISCO, CRIAG	
Address:	3606 E. WILDERNESS DRIVE	
City-St-Zip:	FT. PIERCE, FL 34982	
Title:	DS	( ) Delete
Name:	NORMAN, KNOWLES	
Address:	2405 WILDERNESS DR SOUTH	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	DT	( ) Delete
Name:	KRAUSE, MARY	
Address:	2407 S. WILDERNESS DRIVE	
City-St-Zip:	FT. PIERCE, FL 34982	
Title:	D	( ) Delete
Name:	BROWN, MARY ANN	
Address:	2409 WILDERNESS DR SOUTH	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	D	( ) Delete
Name:	REDSTONE, STEVE	
Address:	3608 WILDERNESS DR EAST	
City-St-Zip:	FORT PIERCE, FL 34982	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CRAIG FRANCISCO D 07/15/2007

Electronic Signature of Signing Officer or Director — Date