FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 06 1998 8:00am
Secretary of State

DOCUMENT # 753221 (1)

1. Corporation Name

RAINTREE MANOR HOMES CONDOMINIUM ASSOCIATION NO. 3, INC.

Principal Place of Business	Mailing Address
~~824 E. FLETCHER AVE.~~ ~~TAMPA FL 33612~~	~~824 E. FLETCHER AVE.~~ ~~TAMPA FL 33612~~

3. Date Incorporated or Qualified: 07/01/1980

4. FEI Number: 59-2069818 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7001 TEMPLE TERRACE HWY.	26 7001 TEMPLE TERRACE HWY.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TEMPLE TERRACE, FL.	28 City & State: TEMPLE TERRACE, FL
24 Zip: 33637 25 Country	29 Zip: 33637 30 Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEIB, PATRICIA
401 E. JACKSON ST.
SUITE 2400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BEATY, EDWARD		1.2 NAME	
STREET ADDRESS	11854 WILDFLOWER		1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL		1.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DANCO, ROSEMARIE		2.2 NAME	
STREET ADDRESS	11901 LAKEMIST CR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TAFFER, LLOYD		3.2 NAME	
STREET ADDRESS	11830 WILDFLOWER PL.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COLCORD, JOHN		4.2 NAME	
STREET ADDRESS	11877 RAINTREE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GENTRY, NANCY		5.2 NAME	
STREET ADDRESS	11850 WILDFLOWER PL		5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] SIGNATURE REQUIRED 1/29/98 813 9855877