

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753221

FILED
Mar 07, 2006
Secretary of State

Entity Name: RAINTREE MANOR HOMES CONDOMINIUM ASSOCIATION NO. 3, INC.

Current Principal Place of Business:

C/O VANGUARD MGMT
9300 N. 16 ST
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

C/O VANGUARD MGMT
9300 N. 16 ST
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-2069818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINFIELD, JANET
9300 N. 16TH STREET
TAMPA, FL 33606 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: PD () Delete
Name: BUTLER, JOHN
Address: 11871 RAINTREE DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D (X) Delete
Name: TOZIER, KEITH
Address: 11842 WILD FLOWER PLACE
City-St-Zip: TAMPA, FL 33617

Title: VPS () Delete
Name: HACKNEY, CLINTON
Address: 11801 WILD FLOWER PLACE
City-St-Zip: TAMPA, FL 33617

Title: NIA () Delete
Name: JONES, LEAH
Address: 11813 WILDFLOWER PL
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: WABOL, JUDITH
Address: 11802 RAINTREE DR
City-St-Zip: TAMPA, FL 33617

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: HACKNEY, CLINTON
Address: 11801 WILD FLOWER PLACE
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change () Addition
Name: JONES, LEAH
Address: 11813 WILDFLOWER PL
City-St-Zip: TAMPA, FL 33617

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

Title: D () Change (X) Addition
Name: HANNIE, JEFFREY
Address: 11921 LAKE MIST CIRCLE
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET WINFIELD

AGEN

03/07/2006

Electronic Signature of Signing Officer or Director

Date