

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757293

FILED
Mar 09, 2007
Secretary of State

Entity Name: RAINTREE VILLAGE PROPERTY OWNERS ASSOCIATION, INC

Current Principal Place of Business:

9300 N. 16TH ST
101
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

9300 N. 16TH ST
101
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-2106798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINFIELD, JANET
9300 N. 16TH ST
TAMPA, FL 33612 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: VASCONCELO, CHRISTINE
Address: 11714D RAINTREE LAKE LANE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VPDS () Delete
Name: MOTTO, THERESA
Address: 11870 P SKYLAKE PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: PD () Delete
Name: SASOVETZ, RAY
Address: 11829-D SKYLAKE PL
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: T () Delete
Name: OSHORANE, RITA
Address: 11866 SKY LAKE PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VASCONCELO, CHRISTINE
Address: 11714 D RAINTREE LAKE LANE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VPD (X) Change () Addition
Name: MOTTO, THERESA
Address: 11870 P SKYLAKE PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: PD (X) Change () Addition
Name: SASOVETZ, RAY
Address: 11869 SKYLAKE PL N
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: T (X) Change () Addition
Name: OSBORNE, RITA
Address: 11866 SKY LAKE PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Change (X) Addition
Name: PARDO, CHARLES
Address: 11805 RAINTREE LK LANE
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

03/09/2007

Electronic Signature of Signing Officer or Director

Date