## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 770961** 

FILED Jan 27, 2009 Secretary of State

Entity Name: RAIN TREE I AT HIDDEN VALLEY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

SEDONA ROAD 1432 OLDFIELD DR

TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 US US

**Current Mailing Address: New Mailing Address:** 

1432 OLDFIELD DR 1432 OLDFIELD DR

TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US

FEI Number: 59-3029822 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAUGHN, THOMAS L VP VAUGHN, THOMAS L P 1432 OLDFIELD DRIVE 1432 OLDFIELD DRIVE TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US

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: THOMAS L VAUGHN 01/27/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete HEWETT, BRADLEY VAUGHN, THOMAS L MR Name: Name:

3348 SEDONA ROAD Address: 1432 OLDFIELD DR Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308 US

Title: () Delete Title: (X) Change ( ) Addition

Name: VAUGHN, THOMAS L Name: RUSSELL, FRANK

Address: 1432 OLDFIELD DRIVE Address: 2505 GARNET LANE City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32309 US

Title: () Delete Title: SEC ( ) Change (X) Addition

COBB, GLENDA T Name: Name: Address: Address: 3327 SEDONA RD City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32308 US

( ) Change (X) Addition Title: () Delete Title: TREA

Name: Name: MISAK, ALAN M Address: Address: 6604 TOMMY LEE TRAIL City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32309 US

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: THOMAS L VAUGHN **PRES** 01/27/2009