

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770962

1. Corporation Name

RAIN TREE II AT HIDDEN VALLEY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

3222 RAIN VALLEY CIRCLE  
TALLAHASSEE FL 32308

Mailing Address

3222 RAIN VALLEY CIRCLE  
TALLAHASSEE FL 32308

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3010 RAIN VALLEY CIRCLE	26 3010 RAIN VALLEY CIRCLE	10/27/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	4. FEI Number
City & State	City & State	59-3509753
23 TALLAHASSEE FLORIDA	28 TALLAHASSEE FLORIDA	Applied For
Zip	Zip	Not Applicable
24 32308	29 32308	5. Certificate of Status Desired
Country	Country	8.75 Additional Fee Required
25 U.S.A.	30 U.S.A.	6. Election Campaign Financing
		Trust Fund Contribution
		5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHNEGGENBURGER, SCOTT  
3222 RAIN VALLEY CIRCLE  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name	SCHNEGGENBURGER, SCOTT
82 Street Address (P.O. Box Number is Not Acceptable)	3010 RAIN VALLEY CIRCLE
83	
84 City	TALLAHASSEE
85 Zip Code	FL 32308

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change
NAME	SCHNEGGENBURGER, SCOTT	1.2 NAME	Addition
STREET ADDRESS	3222 RAIN VALLEY CIRCLE	1.3 STREET ADDRESS	3010 RAIN VALLEY CIRCLE
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	Change
NAME	BAUGHMAN, TAMMY	2.2 NAME	Addition
STREET ADDRESS	3249 RAIN VALLEY CT	2.3 STREET ADDRESS	200002766332--5
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	-02/05/99--01096--020
TITLE	SD	3.1 TITLE	Change
NAME	CHAMBERS, COLLEEN	3.2 NAME	Addition
STREET ADDRESS	3242 RAIN VALLEY CT	3.3 STREET ADDRESS	****70.00 ****70.00
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	Change
NAME	PEGG, PATRICIA	4.2 NAME	Addition
STREET ADDRESS	3244 RAIN VALLEY CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change
NAME		5.2 NAME	Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change
NAME		6.2 NAME	Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SCOTT SCHNEGGENBURGER

1-28-99

942-2281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000127

CR2E037 (1/98)