

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 22, 2005**  
**Secretary of State**

DOCUMENT# 771023

**Entity Name:** RAINTREE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**PMB 345 4250 ALAFAYA TRAIL STE 212  
OVIEDO, FL 32765**New Principal Place of Business:**225 S. WESTMONTE DRIVE  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**PMB 345 4250 ALAFAYA TRAIL STE 212  
OVIEDO, FL 32765**New Mailing Address:**P.O. BOX 162147  
ALTAMONTE SPRINGS, FL 32716**FEI Number:** 59-2411255**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BURNSIDE, LILLY L  
PMB 345  
4250 ALAFAYA TRAIL, SUITE 212  
OVIEDO, FL 32765 US**Name and Address of New Registered Agent:**WOMACK, ELLEN R  
225 S. WESTMONTE DRIVE  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714 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: ELLEN WOMACK

06/22/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: T ( ) Delete  
Name: NEUMAN, WALTROUT  
Address: 6208 SUNNYVALE DR  
City-St-Zip: ORLANDO, FL 32822Title: VP ( ) Delete  
Name: HAYS, JIM  
Address: 6134 RAINTREE DR.  
City-St-Zip: ORLANDO, FL 32822Title: S ( ) Delete  
Name: HALLSTROM, BEVERLY  
Address: 6200 RAINTREE DR.  
City-St-Zip: ORLANDO, FL 32822Title: D ( ) Delete  
Name: BENIGNO, VINCENT  
Address: 2910 COTTAGE GROVE CT  
City-St-Zip: ORLANDO, FL 32822Title: P ( ) Delete  
Name: COLE, TIM  
Address: 1215 SHAGROCK RD  
City-St-Zip: ORLANDO, FL 32828**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELLEN WOMACK

A

06/22/2005

Electronic Signature of Signing Officer or Director

Date