2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 771023

Entity Name: RAINTREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 59-2411255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 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:	T	( ) Delete
Name:	NEUMAN, WALTRAUT	
Address:	6208 SUNNYVALE DR	
City-St-Zip:	ORLANDO, FL 32822	
Title:	VP	( ) Delete
Name:	KEYES, DENNIS	
Address:	6216 RAINTREE DR.	
City-St-Zip:	ORLANDO, FL 32822	
Title:	D	( ) Delete
Name:	HALLSTROM, BEVERLY	
Address:	6200 RAINTREE DR.	
City-St-Zip:	ORLANDO, FL 32822	
Title:	S	( ) Delete
Name:	CHILDRESS, JEANNIE	
Address:	2959 MARSHFIELD COURT	
City-St-Zip:	ORLANDO, FL 32822	
Title:	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:	D	(X) Change ( ) Addition
Name:	HADACEK, JOSEPH	
Address:	2910 COTTAGE GROVE COURT	
City-St-Zip:	ORLANDO, FL 32822	
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 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: TIM COLE P 04/29/2008

Electronic Signature of Signing Officer or Director — Date