

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771023

FILED  
Apr 28, 2009  
Secretary of State

**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: HADACEK, JOSEPH  
Address: 2910 COTTAGE GROVE COURT  
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: D (X) Change ( ) Addition  
Name: KEYES, DENNIS  
Address: 6216 RAINTREE DR.  
City-St-Zip: ORLANDO, FL 32822

Title: S (X) Change ( ) Addition  
Name: HADACEK, JOSEPH  
Address: 2910 COTTAGE GROVE COURT  
City-St-Zip: ORLANDO, FL 32822

Title: V (X) Change ( ) Addition  
Name: CHILDRESS, JEANNIE  
Address: 2959 MARSHFIELD COURT  
City-St-Zip: ORLANDO, FL 32822

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

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date