## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#771023** 

Apr 23, 2011 Secretary of State

VISTA COMMUNITY ASSOCIATION MANAGEMENT

225 S WESTMONTE DR

Entity Name: RAINTREE CONDOMINIUM ASSOCIATION, INC.

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

225 S WESTMONTE DR STE #3310

ALTAMONTE SPRINGS, FL 32714 US

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

PO BOX 162147

ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-2411255 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:

VISTA COMMUNITY ASSOCIATION MANAGEMENT, IN

225 S WESTMONTE DR

#3310 #3310 ALTAMONTE SPRINGS, FL 32714 US 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 R. WOMACK 04/23/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

NEUMAN, WALTRAUT Name: Address: PO BOX 162147

City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: DS

Name: WANTA, ALISON Address: PO BOX 162147

City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title:

HADACEK, JOSEPH Name: Address: PO BOX 162147

City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title:

Name: CHILDRESS, JEANNIE Address: PO BOX 162147

ALTAMONTE SPRINGS, FL 32716 City-St-Zip:

Title:

Name: COLE, TIM PO BOX 162147 Address:

ALTAMONTE SPRINGS, FL 32716 City-St-Zip:

I hereby 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 all other like empowered.

Ρ SIGNATURE: TIM COLE 04/23/2011