## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 01, 2005 8:00 am Secretary of State DOCUMENT # N00572 03-01-2005 90074 021 \*\*\*\*61.25 RAINTREE OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4003 HARTLEY ROAD **4003 HARTLEY ROAD** JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172005 Cha-NP CR2E037 (10/03) City & State City & State FEI Number 59-2473018 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANTRELL; BRYAN C/O SIGNATURE REALTY & MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATÉ Filing Fee Is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be. ☐ Added to Fees , Trust Fund Contribution. Florida Department of State Due by May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PY to Tribble oc die ☐ Change Addition TITLE Delete DAN WEINSTOCK ANDERSON; CAROL NAME NAME Court 4123 PINEY BRANCH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP Jacksonvill 3225 VP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TURNER, SHARON NAME NAME STREET ADDRESS 4135 PINEY BRANCH CT. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARRON, DANIEL NAME NAME STREET ADDRESS 4129 HANGING MOSS CT STREET ADDRESS JACKSONVILLE, FL 32257. CiTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE WOODARD, MARIETTE NAME 4143 ROLLINGWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME ELLIS, HELEN NAME STREET ADDRESS 4173 ROLLINGWOOD COURT STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TIPTON, DOROTHY MAME STREET ADDRESS 4147 ROLLINGWOOD COURT STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplimental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

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