



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90233 044 \*\*\*\*61.25

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # N02000003299</b>  |  |    |  |
| 1. Entity Name<br><b>RAINEY LAKE HOMEOWNERS ASSOCIATION, INC.</b>   |  |   |  |
| Principal Place of Business<br><del>1702 COPPERFIELD CIRCLE</del><br><del>TALLAHASSEE, FL 32312</del>   |  | Mailing Address<br><del>1702 COPPERFIELD CIRCLE</del><br><del>TALLAHASSEE, FL 32312</del>   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>825 RAINEY RUN</b>   |  | 3. Mailing Address<br><b>825 RAINEY RUN</b>   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State<br><b>MONTICELLO</b>   |  | City & State<br><b>MONTICELLO, FL</b>   |  |
| Zip<br><b>32344</b>   | Country<br><b>USA</b>  | Zip<br><b>32344</b>   | Country<br><b>USA</b>  |
| 6. Name and Address of Current Registered Agent<br><b>SLEVIN, PATRICK</b><br><del>1702 COPPERFIELD CIRCLE</del><br><del>TALLAHASSEE, FL 32312</del>   |  | 7. Name and Address of New Registered Agent<br>Name <b>SLEVIN, PATRICK (same)</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>825 RAINEY RUN</b><br>City <b>MONTICELLO</b> FL Zip Code <b>32344</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>SLEVIN, PATRICK<br>1702 COPPERFIELD CIRCLE<br>TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>825 RAINEY RUN</b><br><b>MONTICELLO, FL 32344</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SLEVIN, EILEEN<br>1702 COPPERFIELD CIRCLE<br>TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>D</b><br><b>DENIS MARKIEWICZ</b><br><b>6417 DARK STAR TRAIL</b><br><b>TALLAHASSEE, FL 32309</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>FRAELICH, THOMAS L<br>58671 MORTON ST<br>MARATHON, FL 33050 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>FRAELICH, MARILYN S<br>58671 MORTON ST<br>MARATHON, FL 33050 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MANN, DOUGLAS M<br>202 RAINEY RUN<br>MONTICELLO, FL 32344 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MANN, SALLY B<br>202 RAINEY RUN<br>MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>S/T</b><br><b>NANCY L. KELLEY</b><br><b>5992 PONDER LANE</b><br><b>TALLAHASSEE, FL 32309</b>    |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE :   
**PATRICK SLEVIN, PRESIDENT**

DATE: **4/23/07** DAYTIME PHONE: **850/997-5154**