


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90021 029 ****61.25

DOCUMENT # N08555 1. Entity Name RAINTREE VILLAGE CONDOMINIUM NO. 9 ASSOCIATION, INC.					
Principal Place of Business 9300 N 16TH ST 101 TAMPA, FL 33612-8698 US			Mailing Address 9300 N 16TH ST 101 TAMPA, FL 33612-8698 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01222008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2644286	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINFIELD, JANET 9300 N 16TH ST TAMPA, FL 33612				7. Name and Address of New Registered Agent Name Mezer, Steven Street Address (P.O. Box Number is Not Acceptable) 1801 N. Highland Ave City Tampa FL Zip Code 33602	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BUCKNER, HOWARD 5600 ROCKY POINT ROAD COOKVILLE, TN 38506	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT VIRGINIA L. TURNER 16105 N. Florida Ave #A LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSHNELL, BARBARA 6004 LAKE TREE LANE C TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Raymond Sasovetz 16105 N. Florida Ave #A LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LESNIAK, ROSE 6002 LAKE TREE LANE P TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	16105 N. Florida Ave #A LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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: <u>Raymond E. Sasovetz, Pres. Comb #</u> Date <u>4/17/08</u> Daytime Phone # <u>813 382-5910</u>					