

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90133 021 \*\*\*\*61.25

**40066180**



04092005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0077850** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # N13946**  
1. Entity Name  
**RAINTREE VILLAGE CONDOMINIUM NO. 13 ASSOCIATION, INC.**



Principal Place of Business  
**7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE, FL 33637 US**

Mailing Address  
**7001 TEMPLE TERRACE HIGHWAY  
TEMPLE TERRACE, FL 33637 US**

2. Principal Place of Business  
**9300 N. 16th St**

3. Mailing Address  
**9300 N. 16th St**

Suite, Apt. #, etc.

City & State  
**Tampa FL**

City & State  
**Tampa FL**

Zip  
**33612**

Country  
**US**

Zip  
**33617**

Country  
**US**

6. Name and Address of Current Registered Agent  
**DUNRTE, ANTONIO  
11959 N FLORIDA AVE  
TAMPA, FL 33612**

7. Name and Address of New Registered Agent  
Name **Janet Winfield**  
Street Address (P.O. Box Number is Not Acceptable)  
**9300 N. 16th St**  
City **Tampa** FL Zip Code **33612**

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 **Janet Winfield** DATE **4-19-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PD SASOVETZ, RAYMOND E 11869-N SKYLAKE PLACE TEMPLE TERRACE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEUERHERDT, RUTH 11833-P SKYLAKE PL TEMPLE TERRACE, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CABRERA, GENE 11845-B SKYLAKE PL TAMPA, FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>Gene Cabrera, Gene</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>11845-B SKYLAKE PL</b> <b>Tampa FL 33617</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: **Raymond Sasovetz Condo 13 Pres** Date **4/14/05** Daytime Phone # **813-984-7040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR