

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:45

DOCUMENT # **N16051 (7)**
1. Corporation Name
RAINTREE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2407 NW 15TH PLACE GAINESVILLE FL 32605 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/25/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2711592** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **2310 NW 15 PL** 26 **same**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Gainesville FL** 27
City & State City & State
23 **32605** 28
City & State
24 **USA** 25 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIRTH, GAYE B.
2407 NW 15TH PLACE
GAINESVILLE FL 32605

81 Name **Jacob, Anne**
82 Street Address (P.O. Box Number is Not Acceptable)
2310 NW 15th PL
83
84 City **Gainesville** FL 85 Zip Code **32605**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when restating) DATE **3/2/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE	TD
NAME	FIRTH, GAYE
STREET ADDRESS	2407 NW 15TH PLACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	SD
NAME	JACOB, ANNE
STREET ADDRESS	2310 NW 15TH PLACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	PATEVICH, MARK
STREET ADDRESS	2346 NW 14TH PLACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	VD
NAME	STEIN, JAY
STREET ADDRESS	1211 NW 20RD TERRACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	PD
NAME	SLOBOGIN, CYNTHIA
STREET ADDRESS	2431 NW 13TH PLACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Berry Sullivan	
1.3 STREET ADDRESS	2446 NW 15th PL	
1.4 CITY-ST-ZIP	Gainesville, FL 32605	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anna Pardo	
3.3 STREET ADDRESS	2446 NW 14th PL	
3.4 CITY-ST-ZIP	Gainesville, FL 32605	
4.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David Evans	
4.3 STREET ADDRESS	2302 NW 15th PL	
4.4 CITY-ST-ZIP	Gainesville, FL 32605	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/2/95** (104) 373-1600