

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N16051 (7)

1. Corporation Name

RAINTREE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2310 NW 15TH PLACE
GAINESVILLE FL 32605
US

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GAINESVILLE FL 32605
US

3. Date Incorporated or Qualified
07/25/1986

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 2446 NW 14 PL

26 2446 NW 14 PL

4. FEI Number
59-2711592

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

23 Gainesville FL

28 Gainesville FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country

Zip Country

24 32605 25

29 32605 30

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

JACOB, ANNE
2310 NW 15TH PLACE
GAINESVILLE FL 32605

81 Name ANNA PARDO
82 Street Address (P.O. Box Number is Not Acceptable) 2446 NW 14th PL
83
84 City Gainesville FL 85 Zip Code 32605

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.13, Florida Statutes.

SIGNATURE *Anna D Pardo*

Anna D Pardo

June 3, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, GERRY	
STREET ADDRESS	2446 NW 15TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JACOB, ANNE	
STREET ADDRESS	2310 NW 15TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PARDO, ANNA	
STREET ADDRESS	2446 NW 14TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EVANS, DAVID	
STREET ADDRESS	2302 NW 15TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SLOBOGIN, CYNTHIA	
STREET ADDRESS	2431 NW 13TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Sullivan, Gerry Jerry	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	} same	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PARDO, ANNA	
3.3 STREET ADDRESS	} same	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 119.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anna D Pardo
Anna D Pardo

4/21/96 (904) 373-4600

Date Paid by Phone #

CR2E037 (12/95)