


FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16051 (7)
1. Corporation Name
RAINTREE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 2448 N.W. 14TH PLACE GAINESVILLE FL 32605 US	Mailing Address 2448 N.W. 14TH PLACE GAINESVILLE FL 32605 US
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3. Date Incorporated or Qualified 07/25/1986
4. FEI Number 59-2711592
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2346 NW 14th Place	2a. Mailing Address 26 2346 NW 14th Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip 24 32605	Country 25 USA
Zip 29 32605	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**PARDO, ANNA
2448 N.W. 14TH PLACE
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name Brown, Xenula
82 Street Address (P.O. Box Number is Not Acceptable) 2346 NW 14th Place
83
84 City Gainesville
85 Zip Code FL 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 617.0503, Florida Statutes.

SIGNATURE *Xenula A. Brown* DATE **3-7-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME SULLIVAN, JERRY	
STREET ADDRESS 2446 NW 15TH PLACE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME PARDO, ANNA	
STREET ADDRESS 2446 NW 14TH PLACE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME EVANS, DAVID	
STREET ADDRESS 2302 NW 15TH PLACE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Schaffnit, Gilbert	
1.3 STREET ADDRESS 2410 NW 15th Place	
1.4 CITY-ST-ZIP Gainesville, FL 32605	
2.1 TITLE T/SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Brown, Xenula	
2.3 STREET ADDRESS 2346 NW 14th Place	
2.4 CITY-ST-ZIP Gainesville, FL 32605	
3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Carter, Susan	
3.3 STREET ADDRESS 2458 NW 15th Place	
3.4 CITY-ST-ZIP Gainesville, FL 32605	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Xenula A. Brown* DATE: **3-7-98** TELEPHONE: **352-338-7146**

CR2E037 (10/97)