

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90174 022 \*\*\*\*61.25

**DOCUMENT # N16051**

1. Entity Name

**RAINTREE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2346 NW 14TH PL  
 GAINESVILLE FL 32605  
 US

2346 NW 14TH PL  
 GAINESVILLE FL 32605-5145  
 US

00004779



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2420 NW 13 PI

2420 NW 13 PI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-2711592

Applied For

Not Applicable

Zip

32605

Country

USA

Zip

32605

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, XENULA  
 2346 NW 14TH PL  
 GAINESVILLE FL 32605

Name

LORI DOBBS

Street Address (P.O. Box Number is Not Acceptable)

2420 NW 13 PI

City

GAINESVILLE

FL

Zip Code

32605

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.

SIGNATURE

*Lori Dobbs*

LORI DOBBS, TREASURER

1-7-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHAFFNIT, GILBERT	
STREET ADDRESS	2410 NW 15TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, XENULA	
STREET ADDRESS	2346 NW 14TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, SUSAN	
STREET ADDRESS	2458 NW 15TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK JACOB	
STREET ADDRESS	2310 NW 15 PL	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON BERN	
STREET ADDRESS	1301 NW 23 TERR	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRY COHEN	
STREET ADDRESS	2359 NW 14 PL	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORI DOBBS	
STREET ADDRESS	2420 NW 13 PL	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILBERT SCHAFFNIT	
STREET ADDRESS	2410 NW 15 PL	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA SAWYER	
STREET ADDRESS	1302 NW 23 TERR	
CITY-ST-ZIP	GAINESVILLE, FL 32605	

12. 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 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: *Lori Dobbs* SIGNATURE REQUIRED

1-7-2000 (352)373-2876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)