


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90024 036 ****61.25

DOCUMENT # N16051
1. Entity Name
RAINTREE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1130 NW 23RD TERR
GAINESVILLE FL 32605
US 1130 NW 23RD TERR
GAINESVILLE FL 32605
US



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-2711592 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HELLRUNG, DEE J
1130 NW 23 TERRACE
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent
Name **RONALD BERN**
Street Address (P.O. Box Number is Not Acceptable)
1301 NW 23 TERRACE
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Ronald R Bern* DATE **1-31-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	T/D	<input type="checkbox"/> Delete
NAME	BERN, RON	
STREET ADDRESS	1301 NW 23 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLRUNG, DEE JAY	
STREET ADDRESS	1130 NW 23 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	DOUG, DIEKOW	
STREET ADDRESS	2407 NW 13 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	SAWYER, CYNTHIA	
STREET ADDRESS	1302 NW 23 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	BERARDO, DONNA	
STREET ADDRESS	2432 NW 14 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN DOBBS	
STREET ADDRESS	2420 NW 13 PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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.