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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 FEB -7 PM 4:29

61.25

DOCUMENT # N18927 (6)

1. Corporation Name
RAINTREE HOME OWNERS ASSOCIATION,INC.

Principal Place of Business	Mailing Address
P.O. BOX 475 GOTHA FL 34734-0660 ? 20475	RAINTREE HOA P.O. BOX 475 GOTHA FL 34734-0475 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1987	3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2764297	☐ Applied For ☐ Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GINGER CRAMER
7925 GOLDLEAF STREET
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name: GINGER CRAMER
82 Street Address (P.O. Box Number is Not Acceptable): 7943 GOLDLEAF ST
83
84 City: ORLANDO FL 85 Zip Code: 32835

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GINGER CRAMER	1.2 NAME	
STREET ADDRESS	7943 GOLDLEAF ST	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	U.P. ☒ Change ☐ Addition
NAME	JULIE MIRATSKY	2.2 NAME	STEVE HARDING
STREET ADDRESS	7730 BAYCEDAR DR	2.3 STREET ADDRESS	7925 GOLDLEAF ST
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	T	3.1 TITLE	T ☐ Change ☐ Addition
NAME	THOMAS, ELIZABETH	3.2 NAME	SUSIE DUNPHY
STREET ADDRESS	7925 GOLD LEAF STREET	3.3 STREET ADDRESS	7816 HYACINTH DR
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	VIRGINIA, WELDON	4.2 NAME	
STREET ADDRESS	7908 GOLDLEAF	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	OLRANDO FL 32835	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BASS, JEFF	5.2 NAME	
STREET ADDRESS	7948 SWEETGUM LOOP	5.3 STREET ADDRESS	SAME
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	TRACEY, GREENE	6.2 NAME	
STREET ADDRESS	7707 CASASIA CT	6.3 STREET ADDRESS	SAME
CITY-ST-ZIP	ORLANDO FL 32835	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)(i), 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: Susie Dunphy SUSIE DUNPHY 2-1-95 407-859-5494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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