

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 # N18927 (6)

1. Corporation Name

RAINTREE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 475
GOTHA FL 34734-0380

RAINTREE HOA P.O. BOX 475
GOTHA FL 34734-0475
US

3. Date Incorporated or Qualified
01/26/1987

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 475

26 Raintree HOA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Gotha FL

27 P.O. Box 475

City & State

City & State

23 Gotha FL

28 Gotha FL

Zip

Country

Zip

Country

24 34734-0380

USA

29 34734

30 USA

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

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

CRAMER, GINGER
7043 GOLDFEAF ST.
ORLANDO FL 32835

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE Vice President ☐ Change ☒ Addition

NAME GINGER CRAMER
STREET ADDRESS 7943 GOLDFEAF ST
CITY-ST-ZIP ORLANDO FL 32835

12 NAME Suoy Komisar
13 STREET ADDRESS 7817 Hyacinth Dr
14 CITY-ST-ZIP ORLANDO FL 32835

TITLE ☒ DELETE

21 TITLE ☐ Change ☒ Addition

NAME HARDING, STEVE
STREET ADDRESS 7925 GOLDFEAF ST.
CITY-ST-ZIP ORLANDO FL

22 NAME Mike Wise
23 STREET ADDRESS 7841 Hyacinth Dr
24 CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ DELETE

31 TITLE ☐ Change ☒ Addition

NAME DUNPHY, SUSIE
STREET ADDRESS 7816 HYACINTH DR.
CITY-ST-ZIP ORLANDO FL

32 NAME Maryann Moorick
33 STREET ADDRESS 7965 Sweetgum Loop
34 CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ DELETE

41 TITLE ☐ Change ☒ Addition

NAME VIRGINIA, WELDON
STREET ADDRESS 7908 GOLDFEAF
CITY-ST-ZIP ORLANDO FL 32835

42 NAME Wendy Fitzpatrick
43 STREET ADDRESS 7927 Bangwood St
44 CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ DELETE

51 TITLE ☐ Change ☒ Addition

NAME BASS, JEFF
STREET ADDRESS 7948 SWEETGUM LOOP
CITY-ST-ZIP ORLANDO FL

52 NAME Kathy Starkey
53 STREET ADDRESS 7853 Hyacinth
54 CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME TRACEY, GREENE
STREET ADDRESS 7707 CASASIA CT
CITY-ST-ZIP ORLANDO FL 32835

62 NAME
63 STREET ADDRESS
64 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

1/22/96 407-295-3114
Date Daytime Phone

CR2E037 (12/95)