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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

P.O. BOX 475
GOTHA FL 34734-0360

Mailing Address

RAINTREE HOA
POST OFFICE BOX 475
GOTHA FL 34734-0475
US

3. Date Incorporated or Qualified
01/26/1987

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip Country

28

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
7943 GOLDFEAF STREET
ORLANDO FL 32835

81 Name TRACEY T. GREENE

82 Street Address (P.O. Box Number is Not Acceptable)
7707 CASASIA CT.

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 Tracey T. Greene

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/19/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME GINGER CRAMER
STREET ADDRESS 7943 GOLDFEAF ST
CITY-ST-ZIP ORLANDO FL 32835 ☒ DELETE

TITLE VP
NAME KOMISAR, JUDY
STREET ADDRESS 7817 HYACINTH DRIVE
CITY-ST-ZIP ORLANDO FL ☒ DELETE

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

TITLE S
NAME VIRGINIA, WELDON
STREET ADDRESS 7908 GOLDFEAF
CITY-ST-ZIP ORLANDO FL 32835 ☒ DELETE

TITLE D
NAME BASS, JEFF
STREET ADDRESS 7948 SWEETGUM LOOP
CITY-ST-ZIP ORLANDO FL ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P.
1.2 NAME BOBBIE HENRY
1.3 STREET ADDRESS 8019 SWEETGUM LOOP
1.4 CITY-ST-ZIP ORLANDO FL 32835 ☐ Change ☒ Addition

2.1 TITLE PRESIDENT
2.2 NAME TRACEY T. GREENE
2.3 STREET ADDRESS 7707 CASASIA CT.
2.4 CITY-ST-ZIP ORLANDO FL 32835 ☒ Change ☐ Addition

3.1 TITLE TREAS
3.2 NAME SUSIE DUNPHY
3.3 STREET ADDRESS 7816 Hyacinth Dr.
3.4 CITY-ST-ZIP Orlando FL 32835 ☐ Change ☐ Addition

4.1 TITLE SEC.
4.2 NAME BARBARA ABOUSHAWBA
4.3 STREET ADDRESS 8055 SWEET GUM LOOP
4.4 CITY-ST-ZIP ORLANDO FL 32835 ☐ Change ☒ Addition

5.1 TITLE GINGER Cramer
5.2 NAME 7943 Goldleaf St.
5.3 STREET ADDRESS Orlando FL 32835 ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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: LUCRETIA H. HARRISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/97 407-297-0743

Date

Daytime Phone # 0069707

CR2E037 (9/96)