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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified

01/26/1987

4. FEI Number

59-2764297

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GREENE, TRACEY T
7707 CASASIA CT
ORLANDO FL 32835~~

11 Name Carlos Rivera
12 Street Address (P.O. Box Number is Not Acceptable)
13 7749 Bay Cedar Dr.
14 Orlando FL
15 FL 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

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HENRY, BOBBIE	
STREET ADDRESS	8019 SWEETGUM LOOP	
CITY-ST-ZIP	ORLANDO FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, TRACEY	
STREET ADDRESS	7707 CASASIA CT	
CITY-ST-ZIP	ORLANDO FL	

TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	DUNPHY, SUSIE	
STREET ADDRESS	7816 HYACINTH DR.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	BOUSHAHBA, BARBARA	
STREET ADDRESS	8055 SWEETGUM LOOP	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRAMER, GINGER	
STREET ADDRESS	7043 GOLDLEAF ST	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRACEY, GREENE	
STREET ADDRESS	7707 CASASIA CT	
CITY-ST-ZIP	ORLANDO FL 32835	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carlos Rivera	
1.3 STREET ADDRESS	7749 Bay Cedar	
1.4 CITY-ST-ZIP	Orlando FL, 32835	

2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOBBIE Henry	
2.3 STREET ADDRESS	8019 Sweetgum Loop	
2.4 CITY-ST-ZIP	Orlando FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	→ SAME	
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	→ same	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Same	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Same	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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

(Signature)

2-10-98

(b7)
32835

CR2E037 (10/97)