

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90095 021 \*\*\*\*61.25

0073036

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N18927

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/26/1987

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

9. Name and Address of Current Registered Agent

RIVEA, CARLOS  
7749 BAY CEDAR DR  
ORLANDO FL 32835

CYNTHIA RAMIREZ

10. Name and Address of New Registered Agent

81 Name

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

7926 GOLDLEAF STREET

83 ORLANDO

84 City

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

1/12/99

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME HENRY, BOBBIE  
STREET ADDRESS 8019 SWEETGUM LOOP  
CITY-ST-ZIP ORLANDO FL

TITLE P ☒ DELETE

NAME RIVERA, CARLOS  
STREET ADDRESS 7749 BAY CEDAR  
CITY-ST-ZIP ORLANDO FL 32835

TITLE T ☐ DELETE

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

TITLE S ☒ DELETE

NAME BOUSHAMBA, BARBARA  
STREET ADDRESS 8055 SWEETGUM LOOP  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME CRAMER, GINGER Virginia  
STREET ADDRESS 7943 GOLDLEAF ST  
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Virginia Welden  
1.3 STREET ADDRESS 7908 Goldleaf St  
1.4 CITY-ST-ZIP ORLANDO FL 32835

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME CYNTHIA RAMIREZ  
3.3 STREET ADDRESS 7926 GOLDLEAF ST  
3.4 CITY-ST-ZIP ORLANDO, FL 32835

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
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(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-99 407  
291-8719

CR2E037 (11/98)