

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90156 017 ****61.25

0384415

DOCUMENT # N18927

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2764297**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, CYNTHIA
7926 GOLDLEAF ST
ORLANDO FL 32835

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD RAMIREZ, CYNTHIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7926 GOLDLEAF ST ORLANDO FL 32835	
TITLE NAME	GBD WELDEN, VIRGINIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7908 GOLDLEAF ST ORLANDO FL 32835	
TITLE NAME	TD CRAMER, VIRGINIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7943 GOLDLEAF ST ORLANDO FL	
TITLE NAME	D TAGGART, JENIFER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7914 GOLDLEAF ST. ORLANDO FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Treasurer 1/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR