2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2008
Secretary of State

DOCUMENT# N19215

Entity Name: RAINTREE VILLAGE MOBILE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

199 RAINTREE CR
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

324 RAINTREE CIRCLE
DELAND, FL 32724 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINES, LARRY
324 RAINTREE CIR
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HINES, LARRY
Address: 324 RAINTREE CIR
City-St-Zip: DELAND, FL

Title: VD ( ) Delete
Name: EVERETT, CHUCK
Address: 307 RAINTREE CIRCLE
City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete
Name: EVERETT, PHILLIS
Address: 307 RAINTREE CIRCLE
City-St-Zip: DELAND, FL 32724

Title: T ( ) Delete
Name: BURN, ROBIN
Address: 181 RAINTREE CIRCLE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: EVERETT, CHUCK
Address: 307 RAINTREE CIRCLE
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY HINES PRES 02/10/2008

Electronic Signature of Signing Officer or Director — Date