

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19215

FILED  
Mar 02, 2009  
Secretary of State

**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:**

165 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:**

NORTON, JOANN L  
165 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: NORTON, JOANN  
Address: 165 RAINTREE CIR  
City-St-Zip: DELAND, FL 32724

Title: VPD ( ) Delete  
Name: GRAY, DENNIS  
Address: 215 RAINTREE CIRCLE  
City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete  
Name: ALLAIRE, LAURA  
Address: 169 RAINTREE CIRCLE  
City-St-Zip: DELAND, FL 32724

Title: TD ( ) Delete  
Name: PHELAN, PATTY  
Address: 196 RAINTREE CIRCLE  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: MASTILLOME, KATHY  
Address: 284 RAINTREE CR  
City-St-Zip: DELAND, FL 32724 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NORTON, JOANN L  
Address: 165 RAINTREE CIR  
City-St-Zip: DELAND, FL 32724 US

Title: VPD (X) Change ( ) Addition  
Name: GARY, DENNIS  
Address: 215 RAINTREE CIRCLE  
City-St-Zip: DELAND, FL 32724 US

Title: SD (X) Change ( ) Addition  
Name: ALLAIRE, LAURA  
Address: 169 RAINTREE CIRCLE  
City-St-Zip: DELAND, FL 32724 US

Title: TD (X) Change ( ) Addition  
Name: MASTILLOME, KATHY  
Address: 284 RAINTREE CIRCLE  
City-St-Zip: DELAND, FL 32724 US

Title: D (X) Change ( ) Addition  
Name: PHELAN, PATTY  
Address: 196 RAINTREE CR  
City-St-Zip: DELAND, FL 32724 US

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: JOANN L. NORTON

PD

03/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date