



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90018 043 ****61.25

DOCUMENT # N20052 1. Entity Name RAINTREE INLET HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1908 68TH DR E ELLENTON, FL 34222				Mailing Address PO BOX 524 ELLENTON, FL 34222	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01232006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2799296	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent MULLINS-SCHUTZ, MARILYN J 1908 68TH DRIVE EAST ELLENTON, FL 34222		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 STREET ADDRESS CITY-ST-ZIP	S FRASER, KEN 2109 68TH DR EAST ELLENTON, FL 34222	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LAWLESS, CAROLYN 2209 68TH DRIVE EAST ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, RICHARD 2108 68TH DR E ELLENTON, FL 34222	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pres TAYLOR, MATT 1912 68TH DR E. ELLENTON, FL 34222	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MATT TAYLOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T + VP SCHUTZ, MARILYN 1908 68TH DR E. ELLENTON, FL 34222	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-TREASURER MARILYN SCHUTZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JENNIFER 1915 68TH DR E ELLENTON, FL 34222	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>M. J. Mullins-Schutz - VP - Treasurer</u> 3/18/06 941-721-7973 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					