


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N20052 1. Entity Name RAINTREE INLET HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1908 68TH DR E ELLENTON, FL 34222	Mailing Address PO BOX 524 ELLENTON, FL 34222
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DO NOT WRITE IN THIS SPACE



03092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2799296	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MULLINS-SCHUTZ, MARILYN J 1908 68TH DRIVE EAST ELLENTON, FL 34222

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAWLESS, CAROLYN 2209 68TH DR. E ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, RICHARD 2108 68TH DR E ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, MATT 1912 68TH DR E. ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHUTZ, MARILYN 1908 68TH DR E. ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JENNIFER 1915 68TH DR E ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/03/07-80055-007 61.25

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IN THIS SPACE**

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: *M.J. Mullins-Schutz - V.P. Treasurer* **3/23/07 941-721-7973**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #