Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N44037

RAINTREE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Plac	ce of Business	Mailing Address			•	·			
2000 E. EDGEWOOD		2000 E. EDGEWOOD					ALAN ANDH ANDH A		
SUITE 102		SUITE 102							
LAKELAND FL 33813		LAKELAND FL 33813 US				\$ IEB31181 014 01841 81011 68300 11111 6001	B B		
US		03				·			
2. Principal P	Place of Business	2a. Mailing Address				3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·		
21	NACO OF BEGINNESS	26				06/21/1991	i.		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				4. FEI Number		App	lied For
22	,	27				59-3142828			Applicable
City & Stat	te	City & State					\$8	.75 Ad	dditional
23		28				5. Certifcate of Status Desired	J F	ee Req	quired
Zip	Country	Zip	CoL	intry		6. Election Campaign Financing	¬ \$:	5.00 N	May Be
24	25	29	30			Trust Fund Contribution		dded to	
	9. Name and Address of Current	t Registered Agent	.,			10. Name and Address of New Regi	stered Agent		
				81	Name				ŀ
LADERER, EDWARD H., JR.				82	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
	NWOOD TRAIL				•	Addition to the second of the			
BARTOW,				83					
Draw,	30000		,	84	City	·	85	Zip Co	ode
				54	City		FL °°	Zip O	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the a	bove-	named corpo	ration submits this statement for the pur	pose of chang	ing its r	egistered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was tions of, Section 617.0503. Fl	authonzeo orida Stat	d by ti utes.	ne corporation	n's board of directors. I hereby accept the	e appointment	as regi	Istered
SIGNATURE								"	
SIGNATURE	Signature, typed or printed name of registered ager	A and title if applicable (NOT			signature regulred		DATE		
	organization of rypota or principal ricinia an regional or age-	it and title ii applicable. (NOT	E: Registered	Agent	signature required				
12.		ID DIRECTORS	13.	Agent	signature required	ADDITIONS/CHANGES TO OFFICE	ERS AND DIR		
12.					signature required				RS IN 12
	OFFICERS AN	ID DIRECTORS	13.	TLE	signature required	ADDITIONS/CHANGES TO OFFICE	ERS AND DIR		
TITLE	OFFICERS AN PD LADERER, EDWARD H JR	ID DIRECTORS	13. 1.1 TI 1.2 N	TLE AME	ADDRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIR		
TITLE NAME	OFFICERS AN PD LADERER, EDWARD H JR	ID DIRECTORS	13. 1.1 T/ 1.2 N/ 1.3 S ²	TLE AME	ADDRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIR		Addition
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14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

REQUIRED

Date

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90013 048 ****61.25

Daytime Phone #