

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46013

FILED
Apr 14, 2007
Secretary of State

Entity Name: THE HOMEOWNERS ASSOCIATION OF RAINTREE SUBDIVISION, INC.

Current Principal Place of Business:

12934 RAIN FOREST ST
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291376
TEMPLE TERRACE, FL 33687 US

New Mailing Address:

FEI Number: 59-3126492 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMAS, LISA J TREAS
12934 RAIN FOREST ST
TEMPLE TERRACE, FL 33617 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: DP () Delete
Name: THOMAS, LISA J PRES
Address: 12934 RAIN FOREST ST
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: HILT, REBEKAH DIR
Address: 6109 GRAPE FERN CT
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: HINES COBB, CAROL DIR
Address: 12701 RAIN FOREST ST
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: DS () Delete
Name: WILLIAMS, WALT SEC
Address: 5903 SOARING AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: DV () Delete
Name: HANNAWAY, GORDON VP
Address: 6002 SOARING AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: () Delete
Name:
Address:
City-St-Zip:

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

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

Title: D () Change (X) Addition
Name: DUFF, JUDI
Address: 6104 GRAPE FERN
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA THOMAS

P

04/14/2007

Electronic Signature of Signing Officer or Director

Date