

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46013

**FILED**  
**Apr 27, 2010**  
**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  
Name: THOMAS, LISA J PRES  
Address: 12934 RAIN FOREST ST  
City-St-Zip: TEMPLE TERRACE, FL 33617

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

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

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

Title: D  
Name: DUFF, JUDI  
Address: 6104 GRAPE FERN  
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby 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 all other like empowered.

SIGNATURE: LISA J THOMAS

PRES

04/27/2010

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

\_\_\_\_\_  
Date