

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90087 020 ****61.25

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1. Entity Name
**RAINTREE HARBOR SECTION I REPLAT AND SECTION II
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business
P O BOX 350275
GRAND ISLAND, FL 32735 US

Mailing Address
P O BOX 350275
GRAND ISLAND, FL 32735 US

40009101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3333880

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, TELSA
36649 SUNDANCE DR.
GRAND ISLAND, FL 32785
*WILFONG, NORMAN
36551 SUNDANCE DR
GRAND ISLAND, FL
32735*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD
NAME JOHNSON, TELSA F ☒ Delete
STREET ADDRESS 36649 SUNDANCE DR
CITY-ST-ZIP GRAND ISLAND, FL 32735

TITLE PD
NAME WILFONG, NORMAN ☐ Change ☒ Addition
STREET ADDRESS 36551 SUNDANCE DR
CITY-ST-ZIP GRAND ISLAND, FL 32735

TITLE VP
NAME BARRKER, DORRIS ☐ Delete
STREET ADDRESS 36800 LAKE YALE DR.
CITY-ST-ZIP GRAND ISLAND, FL 32735

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KOUTAINS, HEATHER ☐ Delete
STREET ADDRESS 36546 SUNDANCE DR.
CITY-ST-ZIP GRAND ISLAND, FL 32735

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME SWAFFORD, ROBERT M ☐ Delete
STREET ADDRESS 14306 GOLDEN VIEW DR.
CITY-ST-ZIP GRAND ISLAND, FL 32735

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME SWEFFORD, BETTY ☐ Delete
STREET ADDRESS 14306 GOLDEN VIEW DR.
CITY-ST-ZIP GRAND ISLAND, FL 32735

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Norman Wilfong *WILFONG, NORMAN* 2/1/07 352-589-4164