

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008 8:00 am
Secretary of State

09-04-2008 90045 033 ****70.00

DOCUMENT # N95000001594					
1. Entity Name RAIN TREE 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3333880	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILFONG, NORMAN 36551 SUNDANCE DR. GRAND ISLAND, FL 32735				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 WILFONG, NORMAN	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 36551 SUNDANCE DR	CITY-ST-ZIP EUSTIS, FL 32736		NAME 		
STREET ADDRESS 36800 LAKE YALE DR.	<input checked="" type="checkbox"/> Delete		NAME Tom Pavie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 36546 SUNDANCE DR.	<input type="checkbox"/> Delete		STREET ADDRESS 36550 Sundance Drive	CITY-ST-ZIP Grand Island, FL 32735	
STREET ADDRESS 14306 GOLDEN VIEW DR.	<input checked="" type="checkbox"/> Delete		STREET ADDRESS 14114 Winterdale Drive	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 14306 GOLDEN VIEW DR.	<input checked="" type="checkbox"/> Delete		STREET ADDRESS 36800 Lake Yale Drive	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 14306 GOLDEN VIEW DR.	<input type="checkbox"/> Delete		STREET ADDRESS Grand Island, FL 32735	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14306 GOLDEN VIEW DR.	<input checked="" type="checkbox"/> Delete		STREET ADDRESS 36800 Lake Yale Drive	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 14306 GOLDEN VIEW DR.	<input type="checkbox"/> Delete		STREET ADDRESS Grand Island, FL 32735	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14306 GOLDEN VIEW DR.	<input type="checkbox"/> Delete		STREET ADDRESS Grand Island, FL 32735	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Tracey M. Tucker</u> <u>Tracey M. Tucker</u> <u>8.30.08</u> <u>(352)357-8996</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					