## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000072654

VILLA AT RAINTREE GARDENS INC.

## **FILED** Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90026 049 \*\*\*150.00



Principal Pla	ce of Business	Mailing Address			
1758 VAMO DR 1758 VAMO DR.					
SARASOTA FL 34231 SARASOTA FL 34231					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
	····	1 - 1-21			09/29/1994
	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21	· · · · · · · · · · · · · · · · · · ·	26			65-0523505 Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional	
22 27				Fee Required	
City & State				6. Election Campaign Financing \$5.00 May Be	
23	28				Trust Fund Contribution Added to Fees
Zip	Country Zip		Country		8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curren				10. Name and Address of New Registered Agent
OT.	MEODD EUZADETUA			81 Nam	ne
STANFORD, ELIZABETH A				82 Stre	eet Address (P.O. Box Number is Not Acceptable)
VI 1758 VAMO DR. 1882 1893				• " •	e ta chara de la calga della messa alle e e e e e e e e la la la contrata della calgaria.
SAI	RASOTA FL 34231			83	19 · 15 年 16 章 10 · 19 章 10 · 1
	•			04 04	17、160、160、160、160、160、160、160、160、160、160
				84 City	FI 85 Zip Code
11. Pursuan	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the at	oove-name	ed corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida, Such change was a	authorized	by the co	ed corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
_		aons of, Section 607.0505, Pic	mua siait	iles.	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if spolicable. (NOTE	: Registered	Agent signatu	ure required when reinstating) 1 1 DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	DELETE	1.1 TIT	LE:	☐ Change ☐ Addition
NAME	STANFORD, ELIZABETH A		1.2 NA	ME	
STREET ADDRESS	1000 11000 00	•		REET ADDRES	
CITY-ST-ZIP	SARASOTA FL		1		. ,
TITLE	OAIMOUTA LE	☐ DELETE	2.1 TIT	TY-ST-ZIP	☐ Change ☐ Addition
		□ <b>7</b> €12.12			
NAME			2.2 NA		
STREET ADDRESS	8			REET ADDRES	SS
CITY-ST-ZIP			_	TY-ST-ZIP	
TITLE	TOWN PURCE (TO CONT.)	DELETE	3.1 TIT	LE	Change Addition
NAME	THE PROPERTY OF THE SAME		3.2 NA	ME	
STREET ADDRESS	ASSTA EL DAS EL		-3.3 STI	REET ADDRES	SS (1) 1 (1
CITY-ST-ZIP	The contract of the contract of		3.4. Cf1	TY-ST-ZIP	· 公司,成功可能以自然的 觀測器 計劃器 計劃器
TITLE		☐ ac: crc	4.1 TIT	Œ	Addition ☐ Changes 篇 ☐ Addition
NAME VANIA L	,	☐ DELETE			
STREET ADDRESS		LI DELETE	. 4.2 NA	ME	
CITY-ST-ZIP	34.7	DELETE		NME REET ADDRES	ss
	31	T DELETE	4.3 STI	REET ADDRES	ss
	31	t in the second	4.3 STT 4.4 CIT	REET ADDRES	70 TAUS
TITLE	34.50 	☐ DELETE	4.3 STI	REET ADDRES Y-ST-ZIP LE	SS Change Addition
TITLE		t in the second	4.3 STF 4.4 C/T 5.1 T/T/ 5.2 NAI	REET ADDRES Y-ST-ZIP LE ME	☐ Change ☐ Addition
NAME STREET ADDRESS		t in the second	4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF	REET ADDRES Y-ST-ZIP LE ME REET ADDRES	Change Addition
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TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	PST   SEPARTOR   TOTALLING   SEPARTOR   SEPA	☐ DELETE	4.3 STT 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAI	REET ADDRES Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE ME	SS Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PST   SEPARTOR   TOTALLING   SEPARTOR   SEPA	☐ DELETE	4.3 STT 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAI 6.3 STF	REET ADDRES Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE	SS Change Addition

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 supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if officers, of on an attackment with an additional other like empowered.

**SIGNATURE**