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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:28

DOCUMENT # 726806 (3)

1. Corporation Name
RAINTREE VILLAGE CONDOMINIUM, INC., A RETIREMENT COMMUNITY

Principal Place of Business **Mailing Address**
2101 SUNSET POINT RD **C/O PROGRESSIVE MGMT.**
UNIT 400 **2753 S.R. 580 STE. 207**
CLEARWATER FL 34625 **CLEARWATER FL 34621-3345**
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/26/1973	3a. Date of Last Report 03/18/1994
4. FEI Number 59-1699128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IFRs 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Country 28
Country 24	Country 29
Zip 25	Country 30

9. Name and Address of Current Registered Agent
REARDON, MAUREEN C. C
PROGRESSIVE MANAGEMENT, INC.
2753 SRATE ROAD 580, SUITE 207
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PB
NAME	DUNN, JAMES W.
STREET ADDRESS	2101 SUNSET PT. RD. #201
CITY - ST - ZIP	CLEARWATER FL
TITLE	VB
NAME	HOGAN, ELVIRA
STREET ADDRESS	2101 SUNSET POINT RD #1304
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	TD
NAME	HARRIS, RALPH
STREET ADDRESS	2101 SUNSET POINT RD #1808
CITY - ST - ZIP	CLEARWATER FL
TITLE	SD
NAME	MCGINNIS, VERA
STREET ADDRESS	2101 SUNSET POINT RD #701
CITY - ST - ZIP	CLEARWATER FL
TITLE	ABD
NAME	SMITH, PAULINE
STREET ADDRESS	2101 SUNSET POINT RD #605
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	COHN, DAVID
STREET ADDRESS	2101 SUNSET POINT RD #705
CITY - ST - ZIP	CLEARWATER, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	HOWARD, NORMAN	
33 STREET ADDRESS	2101 SUNSET POINT ROAD #203	
34 CITY - ST - ZIP	CLEARWATER FL 34625	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 047, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elvira Hogan, President* **3-3-95** **441-8588**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number
ELVIRA HOGAN