

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 726806 (3)**

1. Corporation Name

**RAINTREE VILLAGE CONDOMINIUM, INC., A RETIREMENT COMMUNITY**



Principal Place of Business

Mailing Address

2101 SUNSET POINT RD  
UNIT 400  
CLEARWATER FL 34625

C/O PROGRESSIVE MGMT.  
2753 S.R. 580 STE. 207  
CLEARWATER FL 34621-3345  
US

3. Date Incorporated or Qualified

06/26/1973

3a. Date of Last Report

02/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1699128

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REARDON, MAUREEN C. C  
PROGRESSIVE MANAGEMENT, INC.  
2753 SRATE ROAD 580, SUITE 207  
CLEARWATER FL 34621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ASD  DELETE  
NAME DUNN, JAMES W.  
STREET ADDRESS 2101 SUNSET PT. RD. #201  
CITY-ST-ZIP CLEARWATER FL

11 TITLE T/D  Change  Addition  
12 NAME HARRIS, RALPH  
13 STREET ADDRESS 2101 SUNSET POINT ROAD #1806  
14 CITY-ST-ZIP CLEARWATER FL 34625

TITLE PD  DELETE  
NAME HOGAN, ELVIRA  
STREET ADDRESS 2101 SUNSET POINT RD #1304  
CITY-ST-ZIP CLEARWATER, FL 00000

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE VD  DELETE  
NAME HOWARD, NORMAN  
STREET ADDRESS 2101 SUNSET POINT ROAD #203  
CITY-ST-ZIP CLEARWATER FL

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE SD  DELETE  
NAME MCGINNIS, VERA  
STREET ADDRESS 2101 SUNSET POINT RD #701  
CITY-ST-ZIP CLEARWATER FL

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D  DELETE  
NAME SMITH, PAULINE  
STREET ADDRESS 2101 SUNSET POINT RD #605  
CITY-ST-ZIP CLEARWATER FL

51 TITLE D  Change  Addition  
52 NAME FISCHER, GILBERT  
53 STREET ADDRESS 2101 SUNSET POINT RD #1902  
54 CITY-ST-ZIP CLEARWATER FL 34625

TITLE D  DELETE  
NAME COHN, DAVID  
STREET ADDRESS 2101 SUNSET POINT RD #705  
CITY-ST-ZIP CLEARWATER, FL 00000

61 TITLE  Change  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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 Date

441-8588 Daytime Phone #

CR2E037 (12/95)