


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 726806 (3)

1. Corporation Name
RAINTREE VILLAGE CONDOMINIUM, INC.

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

3. Date Incorporated or Qualified
06/26/1973

4. FEI Number
59-1699128

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip 33765	2d. Zip 33761
25. Country	2e. Country

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

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. City	
84. State	FL
85. Zip Code	33761

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, BILL	
STREET ADDRESS	2101 SUNSET POINT RD #201	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOGAN, ELVIRA	
STREET ADDRESS	2101 SUNSET POINT RD #1304	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLS, JOHN	
STREET ADDRESS	2101 SUNSET POINT RD #2702	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCGINNIS, VERA	
STREET ADDRESS	2101 SUNSET POINT RD #701	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISCHER, GILBERT	
STREET ADDRESS	2101 SUNSET POINT ROAD, # 1902	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
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

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HODNOVICH, WALTER	
1.3 STREET ADDRESS	2101 SUNSET POINT RD #2701	
1.4 CITY-ST-ZIP	CLEARWATER FL 33765	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FEILD, SAM	
2.3 STREET ADDRESS	2101 SUNSET POINT RD #1602	
2.4 CITY-ST-ZIP	CLEARWATER FL 33765	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Northam* **9-10-98** **441-8588**

CFR2037 (10/97)