

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726806

1. Entity Name
RAINTREE VILLAGE CONDOMINIUM, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90013 038 ****61.25

Principal Place of Business Mailing Address
2101 SUNSET POINT RD C/O PROGRESSIVE MGMT.
UNIT 400 2753 S.R. 580 STE. 207
CLEARWATER FL 33765 CLEARWATER FL 33761
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1699128 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
REARDON, MAUREEN C. C
PROGRESSIVE MANAGEMENT, INC.
2753 SRATE ROAD 580, SUITE 207
CLEARWATER FL 33761

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **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.

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODNOVICH, WALTER 2101 SUNSET POINT RD SUITE 2701 CLEARWATER FL 33765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEILD, SAM 2101 SUNSET POINT RD SUITE 1602. CLEARWATER, FL 00000 33765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLS, JOHN 2101 SUNSET POINT RD #2702 CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGINNIS, VERA 2101 SUNSET POINT RD #701 CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISCHER, GILBERT 2101 SUNSET POINT ROAD, # 1902 CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN, DAVID 2101 SUNSET POINT RD #705 CLEARWATER, FL 00000 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hogan, Elvira 2101 Sunset Point Road #1304 Clearwater, FL 33765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-00 (727) 441-8588
Date Daytime Phone #

CR2E037 (9/99)