

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 08:00 AM
Secretary of State

DOCUMENT # 726806

1. Entity Name
 RAIN TREE VILLAGE CONDOMINIUM, INC.

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

| | |
|--|--------------------|
| 2. Principal Place of Business 2753 S R 580 | 3. Mailing Address |
|--|--------------------|

| | |
|----------------------------|---------------------|
| Suite, Apt. #, etc. 207 | Suite, Apt. #, etc. |
|----------------------------|---------------------|

| | |
|-------------------------------|--------------|
| City & State CLEARWATER FL | City & State |
|-------------------------------|--------------|

| | | | |
|--------------|---------------|-----|---------|
| Zip 33761 | Country US | Zip | Country |
|--------------|---------------|-----|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-1699128 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

DO NOT WRITE IN THIS SPACE

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 _____ DATE **03/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 COHN DAVID 2101 SUNSET POINT RD #705 CLEARWATER, FL 00000 | <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 | SD MCGINNIS VERA 2101 SUNSET POINT RD #701 CLEARWATER FL | <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 | D FEILD SAM 2101 SUNSET POINT RD SUITE 1602 CLEARWATER, FL 00000 33765 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HODNOVICH WALTER 2101 SUNSET POINT RD SUITE 2701 CLEARWATER FL 33765 | <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 RD #1304 CLEARWATER FL 33765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FISCHER GILBERT 2101 SUNSET POINT ROAD, # 1902 CLEARWATER FL 33765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MCGINNIS VERA 2101 SUNSET POINT RD #701 CLEARWATER FL 33765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MILLS JOHN 2101 SUNSET POINT RD #2702 CLEARWATER FL 33765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FIELD SAM 2101 SUNSET POINT RD #1602 CLEARWATER FL 33765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HODNOVICH WALTER 2101 SUNSET POINT RD #2701 CLEARWATER FL 33765 | <input checked="" 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)(f), 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: ELVIRA HOGAN PD 03/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

D COHN, DAVID
2101 SUNSET POINT ROAD, #705

CLEARWATER, FL 33765