

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90332 014 \*\*\*\*61.25

**DOCUMENT # 726806**

1. Entity Name

**RAINTREE VILLAGE CONDOMINIUM, INC.**



Principal Place of Business

**147 N BELCHER ROAD  
LARGO FL 33771  
US**

Mailing Address

**C/O BUXTON PROPERTIES  
147 N BELCHER RD  
LARGO FL 33771  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

**59-1699128**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BUXTON, BRIAN P  
BUXTON PROPERTIES INC  
147 N BELCHER ROAD  
LARGO FL 33771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FIELD, SAM	
STREET ADDRESS	2101 SUNSET POINT RD., #1602	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHN, DAVE	
STREET ADDRESS	2101 SUNSET POINT RD # 705	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLS, JOHN	
STREET ADDRESS	2101 SUNSET POINT RD #2702	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCGINNIS, VERA	
STREET ADDRESS	2101 SUNSET POINT RD #701	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FISCHER, GILBERT	
STREET ADDRESS	2101 SUNSET POINT ROAD, # 1902	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DORSEY, STEVE	
STREET ADDRESS	2101 SUNSET POINT RD # 2704	
CITY-ST-ZIP	CLEARWATER FL 33765	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

727/538-0034

Daytime Phone #