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STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 758092 (1)
1. Corporation Name
Raintree Village Condominium #6
Association, Inc.

Principal Place of Business Mailing Address
1301 Seminole Blvd. 1301 Seminole Blvd
Suite 172 Suite 172
Largo, FL 34640 Largo, FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/09/1981 3a. Date of Last Report 03/14/1994
4. FEI Number 59-2147829 Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
Shaw, Darren K.
c/o Sterling Management
1301 Seminole Blvd., Ste. 172
Largo, FL 34640

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1301 Seminole Blvd.
83 Suite 172
84 City Largo FL 85 Zip Code 34640

11. Pursuant to the provisions of Sections 607, 650 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, Florida Statutes.

SIGNATURE [Signature] DATE 4/28/95
Signature, type the printed name of registered agent and the # application (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

| | | | |
|-------|------|----------------|-----------------|
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|----------|---------|-------------------|--------------------|--|
| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

T/S 4/28/95

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-05/04/95-01008-018
****130.00 ****130.00

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 110.07(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] DATE 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 974-6391