

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED
 Jul 09, 1996 08:00 AM
 Secretary of State

DOCUMENT # 758092 (1)
 1. Corporation Name
 RAINTREE VILLAGE CONDOMINIUM NO. 6 ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1301 SEMINOLE BLVD SUITE 172 LARGO FL 34640 US
 1301 SEMINOLE BLVD SUITE 172 LARGO FL 34640 US

3. Date Incorporated or Qualified 10/09/1981
 3a. Date of Last Report 04/28/1995
 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
 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 Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
 SHAW, DARREN K.
 1301 SEMINOLE BLVD
 SUITE 172
 LARGO FL 34640

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

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 Edward K Emerson DATE 6/7/96
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SAVIOLA, PHILLIP	
STREET ADDRESS	9623 NORCHESTER CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHOE, STEVE	
STREET ADDRESS	6012-F LAKE TREE LANE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MURPHY, JOHN	
STREET ADDRESS	6010 -C LAKE TREE LANE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD Phillip Saviola	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	9623 Norchester Circle	
1.3 STREET ADDRESS	Tampa, Fl. 33647	
1.4 CITY-ST-ZIP		
2.1 TITLE	VSD Susan Donald	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	6010-H Lakewood Ln.	
2.3 STREET ADDRESS	Tampa, Fl. 33617	
2.4 CITY-ST-ZIP		
3.1 TITLE	TD Chris Early	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	6010 -S Lakewood Ln.	
3.3 STREET ADDRESS	Tampa, Fl. 33617	
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		<input 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: Phillip M. Saviola DATE 6/21/96 (813) 973-2531
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
 Phillip M. Saviola 0018271

CR2E037 (3/96)