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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name 758092

(1)

RAINTREE VILLAGE CONDOMINIUM NO. 6 ASSOCIATION,

INC.											
Principal Place	e of Business		Mailing	Address		···· ,		I POOLIT INGOL ANDOL POOLIT ON IN INCIDE	( <b>-</b>		JAN <b>1980</b> (1981)
1301 SEMINOLE	BLVD			1301 SEMINOLE BLVD				i .			
SUITE 172				SUITE 172							
Largo Fl 3464   US	10			LARGO FL 33770-8113 US				3. Date Incorporated or Qualified	3a. Date	of Last Re	eport
00			03					10/09/1981	07,	/09/199	16
2. Principal Place of Business			ļ	2a. Mailing Address				4. FEI Number 59-2147829			plied For
21 Suite, Apt	# etc			Suite, Apt. #, etc.				38 2 147 028		1 Not	t Applicable
22			27	<del></del>				5. Certificate of Status Desired		Fee Re	
City & State			City	City & State				6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution		Added to		
Zip	ŀ	Country	Zip		Country	1		8. This corporation has liability for i			. 199.032,
24 25 Current I			29					'Florida Statutes Yes No 10. Name and Address of New Registered Agent			
9, Name and Address of Current Registered Agent 81 Name								10, Italiie silu Audiese Ul New Me	Alatolon vă	MIL.	
EMEDSU	NI EMAZADI	אר									
EMERSON, EDWARD K 1301 SEMINOLE BLVD SUITE 172					82	Street A	ddress	(P.O. Box Number is Not Acceptab	le)		
SUITE 17					83						
LARGO I	FL 34640				84	City			[	85 Zip C	Code
						1 7					
11. Pursuant office or r	to the provisi regime ed ag	ons of 6ections 617.050 ont or both, in the State	)2 and 617.15 of Florida. Si	508, Florida Statu uch change was	ites, the abov authorized b	e-named o y the corpu	corpora oration	ition submits this statement for the p is board of directors. I hereby accep	urpose of ch of the appoin	langing its Itment as	s registered registered
11. Pursuant to the provisions of Sections 617,002 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or regulated 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 amiliar virtual and accept the obligations of, Section 617,0503, Florida Statutes.											
SIGNATURE	Signatur, typed		ent and title if anni	icable (NO	TE: Registered Ag	ent signature t	equired w	then reinstating)	7/ 3		
12.	roignatur, typea		D DIRECTOR		13.	an agracio	040.00.0	ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 12
TITLE	PD			DELETE	1,1 TITLE		P.D	Philosin Samid	, L	Change	Addition
NAME	SAVIOLA	, PHILLIP			1,2 NAME	[*	•	9623 Norcheste	Pi	. 0.	
STREET ADDRESS	t .	RCHESTER CIRCLE			1,3 STREET	ADDRESS			in	K	
CITY-ST-ZIP	TAMPA F	<u>`L</u>	·	05,555	1,4 CITY-			Tampa, Fel.		l at	100
TITLE	VSD	TCVC		DELETE	2.1 TITLE		V31	Christary			Addition
NAME	SHOE, S	AKE TREE LANE			2,2 NAME	4000500		6010-J Kapeline	xane	1	
STREET ADDRÉSS CITY-ST-ZIP		TERRACE FL			2.3 STREE 2.4 CITY-	ADDRESS	•	6010-5 Laht True Temple Terrace,	Feli 3	36.	/)
TITLE	TD	TENIOUE FE		DELETE	3.1 TITLE	31-2IF	10	Auga Der		Change	Addition
NAME	MURPHY	, JOHN			3.2 NAME		עו	4010-H Leke TA	a La	n.e.	<b>'</b> `
STREET ADDRESS		LAKE TREE LANE			3.3 STREE	ADDRESS		7 600-17	ac gr	,	i
CITY-ST-ZIP	TEMPLE	TERRACE FL			3.4. CITY-	ST-ZIP		Jampa, fil. 33	61.1		
TITLE				DELETE	4.1 TITLE	İ		• •	· . L	Change	☐ Addition
NAME					4. 2 NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			·····	☐ DELETE	4.4 CITY - 1 5.1 TITLE	ST-ZIP		·····		Change	Addition
NAME				T breeze	5.1 TILE 5.2 NAME				L	1 Augusto	Addition
STREET ADDRESS	1					ADDRESS					
CITY-ST-ZIP					5.4 CITY-1						
TITLE	·····		- This is the second of	DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREE	T ADDRESS			•		
f	l					1					

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 i) changed, or on an attaction with an address.

SIGNATURE:

**FILED** 

Feb 04 1997 8:00am

Secretary of State

ne Phone # 0049620