

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90160 048 ****61.25

DOCUMENT # 758092

1. Entity Name
RAINTREE VILLAGE CONDOMINIUM NO. 6 ASSOCIATION INC

DO NOT WRITE IN THIS SPACE

831052 41797

2. Principal Place of Business
UNIVERSITY PROPERTIES

3. Mailing Address
UNIVERSITY PROPERTIES

Suite, Apt. #, etc.
7001 TEMPLE TERRACE HWY

Suite, Apt. #, etc.
7001 TEMPLE TERRACE HWY

City & State
TEMPLE TERRACE FL 33637

City & State
TEMPLE TERRACE, FL 33637

Zip
33637

Zip
33637

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

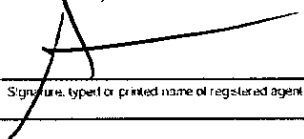
Name **ANTONIO DUARTE III**

Street Address (P.O. Box Number is Not Acceptable)
11959 N. FLORIDA AVE

City **TAMPA, FL** Zip Code **33612**

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IN THIS SPACE**

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 **4/2/02**

FEE IS \$61.25
Initial or Amended UBR

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 **PD CUDDAHEE JUDY**
STREET ADDRESS **6010-M LAKE TREE LANE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE
NAME **VPD CEROLI THOMAS**
STREET ADDRESS **6010-G LAKE TREE LANE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE
NAME **SD WIGSTO, TODD**
STREET ADDRESS **6010-J LAKE TREE LANE**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

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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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date **3/20/02** 813961-3300

CR2E037B (12/01)