

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04610

FILED
Mar 18, 2004
Secretary of State**Entity Name:** RAINTREE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US**New Principal Place of Business:****Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**New Mailing Address:****FEI Number:** 59-2819248**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LAIRD, JIM
Address: 982 DOUGLAS AVE #104
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD () Delete
Name: CARROLL, MARY
Address: 978 DOUGLAS, AVE STE 104
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD () Delete
Name: WINESBURGH, BEVERLY
Address: 978 DOUGLAS AVE #100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: SPENCER, WARREN
Address: 982 DOUGLAS AVE #104
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD (X) Change () Addition
Name: CARROLL, MARY
Address: 978 DOUGLAS, AVE STE 104
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY WINESBURG

PD

03/18/2004

Electronic Signature of Signing Officer or Director

Date