

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90135 039 ****61.25

DOCUMENT # N15001

1. Entity Name

RAINTREE VILLAGE CONDOMINIUM NO. 14 ASSOCIATION,

Principal Place of Business

7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE FL 33637
 US

Mailing Address

7001 TEMPLE TERRACE HWY
 -TEMPLE TERRACE FL 33637-5734
 US

00006112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2775731

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUARTES, ANTONIO III
11959 N FLORIDA AVE
TAMPA FL 33612

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME DIX, DONALD D
 STREET ADDRESS 11953 SKYLAKE PLACE
 CITY-ST-ZIP TEMPLE TERRACE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~ALVAREZ, PIERAD A~~
 STREET ADDRESS ~~11940 A SKYLINE PL~~
 CITY-ST-ZIP ~~TEMPLE TERRACE FL~~

TITLE Change Addition
 NAME **TD FERNANDO ALVAREZ**
 STREET ADDRESS **11948 SKYLAKE PLACE**
 CITY-ST-ZIP **Temple Terrace, FL 33617--**

TITLE SD Delete
 NAME DYE, HOWARD S
 STREET ADDRESS 11905-C SKYLAKE PLACE
 CITY-ST-ZIP TEMPLE TERRACE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: _____

S. M. ...
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

813-980-1000

Daytime Phone #

CR2E037 (9/99)