## 2-10-911 13- 1623 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

726806

(3)

## RAINTREE VILLAGE CONDOMINIUM, INC., A RETIREMENT COMMUNITY

Principal Place of Business			Mailing Address				1	t (90%) i kon a fille Anill iane bairn adi billi ditti mibit giati billi fan					
2101 SUNSET POINT RD UNIT 400 CLEARWATER FL 34625		275	C/O PROGRESSIVE MGMT. 2753 S.R. 580 STE, 207 CLEARWATER FL 34621-3345 US										
								3. Date Inc. <b>06</b> /	orporated or Qua /26/1973	alified 3	a. Date	of Last R 2/02/19	leport 1 <b>96</b>
2. Principal Pia	ace of Business	28.	Mailing Address	*				4. FEI Num	ber	····		A	oplied For
21		26						28	-1699128				ot Applicable
Suite, Apt. #	ŧ, etc.	<b>-</b>	Suite, Apt. #, etc.					5. Certifica	te of Status Desir	ed [	)	<b>T</b>	Additional
22		27	0. 1 0.				<del></del>						equired
City & State			City & State						Campaign Finance	cing	1		May Be
<b>23</b> Zip	Country		Zip Cour				Trust Fund Contribution			<u> </u>		·	to Fees
_	— — · · · · · · · · · · · · · · · · · ·	—	ΣIP		ur III y		-		poration has liabil	lity for intar			. 199.032,
24	25   29   30     Name and Address of Current Registered Agent			T		Florida Statutes Yes X No 10. Name and Address of New Registered Agent							
					81	Name							
DEADDO	AL MALIDEEN C. C.				62	-							
REARDON, MAUREEN C. C PROGRESSIVE MANAGEMENT, INC.						Street	t Addres:	Address (P.O. Box Number is Not Acceptable)					
	ATE ROAD 580, SUITE 207				83								
	ATER FL 34621												
OLDANI	AILN I L OTOE!				84	City					FL	<b>85</b> Zip	Code
11. Pursuant t	o the provisions of Sections 617.050	02 and 6	17.1508. Florida Statu	utes, the a	above	-named	d corpora	ation submits	this statement for	or the purp		hanging i	ts registered
l office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	of Floric	ia. Such change was	ະ ສຸບປາກການ	ad he	the cor	rporation	's board of o	directors. I hereby	y accept th	e appoi	ntment as	registered
SIGNATURE	it lattillar with, and accept the oding	ations or	, 3600011017.0303, 1	TOTICA SI	ALUIDS	<b>.</b>							
	Signature, lyped or printed name of registered ag-	ent and little	if applicable. (NC	OTE: Register	ed Age	nt signature	re required	when reinstating)		C	ATE		
12.	OFFICERS AN	D DIREC		13.				ADDITION	NS/CHANGES TO	OFFICERS			
TITLE	TD		Z DELETE	1.11	TITLE		D					3 Change	Addition
NAME	HARRIS, RALPH			1.21	NAME				WALTER				
STREET ADDRESS	2101 SUNSET POINT ROAD,	# 1800	6	1.3 3	STREET	ADDRESS			T POINT F		01		
EITY-ST-ZIP	CLEARWATER FL			1.4 (	HY-S	7-ZIP		<u>ARWATER</u>	FL 34625	5			
TITLE	PD		DELETE	2.1	TITLE		N/D		1			Change	Addition
NAME	HOGAN, ELVIRA			2.21	VAME		DUN	N, BILL	•				
STREET ADDRESS	2101 SUNSET POINT RD #1	304		2.3	STREET	ADDRESS	210	1 SUNSE	T POINT F	RD #20	1		
CITY-ST-ZIP	CLEARWATER, FL 00000			2.4	CITY-S	ST-ZIP	CLE	ARWATER	FL 34625	5			
TITLE	VD		DELETE.	3.1	TITLE		T/D					Change	Addition .
NAME	HOWARD, NORMAN			3.24	NAME			LS, JOH					
STREET ADDRESS	2101 SUNSET POINT ROAD	<b>#203</b>		3.3	STREET	ADDRESS			T POINT F		02		
CITY-ST-ZIP	CLEARWATER FL				CITY-S	ST-ZIP	CLE	ARWATER	FL 34625	ī		T 20	
TITLE	\$D		☐ DELETE	4.11	TITLE						L	_] Change	Addition
NAME	MCGINNIS, VERA				NAME				-				
STREET ADDRESS	2101 SUNSET POINT RD #7	U1				ADDRESS	1						
CITY-ST-ZIP	CLEARWATER FL.		Decem		CITY-S	T-21P					· ·	Observe	1.440
TITLE			☐ DELETE		TITLE						L	_] Change	Addition Addition
NAME	FISCHER, GILBERT		•		NAME								
STREET ADDRESS	2101 SUNSET POINT ROAD,	# 1907	2			ADDRESS							
CITY - ST - ZIP	CLEARWATER FL		T octors		CITY-S	T-ZIP	<del> </del>					Chanci	A dette-
FITLE	D COUNT DAVED		DELETE	1	TITLE						L	Change	Addition
NAME	COHN, DAVID	AP			NAME								
STREET ADDRESS	2101 SUNSET POINT RD #7	<b>U</b> 5		6.3	STREET	ADDRESS							
CITY - ST - ZIP	CLEARWATER, FL 00000			6.4	CITY-S	T-ZIP	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 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** 

FLVIRA HOGAL + TOES &

1-29-97 Date

**FILED** 

Feb 10 1997 8:00am

Secretary of State

44/-8588 aytime Phone # 0067434