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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726806**

1. Corporation Name
RAINTREE VILLAGE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
2101 SUNSET POINT RD UNIT 400 CLEARWATER FL 33765 US	C/O PROGRESSIVE MGMT. 2753 S.R. 580 STE. 207 CLEARWATER FL 33761 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
06/26/1973

4. FEI Number
59-1699128
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

REARDON, MAUREEN C. C
PROGRESSIVE MANAGEMENT, INC.
2753 SRATE ROAD 580, SUITE 207
CLEARWATER FL 33761

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	HODNOVICH, WALTER		1.2 NAME	HOGAN, ELVIRA	
STREET ADDRESS	2101 SUNSET POINT RD SUITE 2701		1.3 STREET ADDRESS	2101 SUNSET POINT ROAD #1304	
CITY-ST-ZIP	CLEARWATER FL 33765		1.4 CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FEILD, SAM		2.2 NAME		
STREET ADDRESS	2101 SUNSET POINT RD SUITE 1602		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 00000 33765		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLS, JOHN		3.2 NAME		
STREET ADDRESS	2101 SUNSET POINT RD #2702		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCGINNIS, VERA		4.2 NAME		
STREET ADDRESS	2101 SUNSET POINT RD #701		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FISCHER, GILBERT		5.2 NAME		
STREET ADDRESS	2101 SUNSET POINT ROAD, # 1902		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COHN, DAVID		6.2 NAME		
STREET ADDRESS	2101 SUNSET POINT RD #705		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Signature Required 2-16-99 727-441-1143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #