

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745955 (5)
1. Corporation Name
RAINBOW SPRINGS PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address
~~C/O CHASE ENTERPRISES- ATTN: JOS. KORZENIK-~~ ~~C/O CHASE ENTERPRISES- ATTN: JOS. KORZENIK-~~
8801 SW 190TH AVENUE ROAD P.O. BOX 3389
DUNNELLON FL 34432 DUNNELLON FL 34430-3389
US US

3. Date Incorporated or Qualified 02/15/1979 3a. Date of Last Report 04/26/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number 59-1970697 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ST LOUIS, ROLAND R JR
FRIEDMAN, RODRIGUEZ & FERRARO, P.A.
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name **Carl A. Bertoch**
82 Street Address (P.O. Box Number is Not Acceptable) **537 East Park Avenue**
83
84 City **Tallahassee** FL 85 Zip Code **32301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *[Signature]* DATE **3/4/96**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLLINS, J. T	
STREET ADDRESS	8700 SW 190TH CIRCLE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPRENZEL, ROBERT	
STREET ADDRESS	18451 SW 75TH PLACE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MELLITZ, JONATHAN A	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD CT	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAREY, MICHAEL	
STREET ADDRESS	9480 SW 192ND COURT ROAD	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MALCOLM, OWEN	
STREET ADDRESS	20750 SW 80 PLACE ROAD	
CITY-ST-ZIP	DUNNELLON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SECRETARY/DIRECTOR
33 STREET ADDRESS	SUSAN KNIEREMAN
34 CITY-ST-ZIP	#7 SE TIMUCUAN ROAD
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DIRECTOR
43 STREET ADDRESS	RUTH B. DAVIS
44 CITY-ST-ZIP	9108 SW 197TH CIRCLE
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* DATE: **3-14-96** DAYTIME PHONE #: **(352) 489-1621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)