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Feb 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 8601 SW 190TH AVE RD, DUNNELLON FL 34432, US  
Mailing Address: P O BOX 3369, DUNNELLON FL 34430-3369, US

3. Date Incorporated or Qualified: 02/15/1979  
3a. Date of Last Report: 03/18/1996  
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

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

9. Name and Address of Current Registered Agent  
BERTOCH, CARL A  
537 EAT PARK AVE  
~~300 S. GUNN DRIVE DUNDY~~  
TALLAHASSEE FL 32301

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: PD, NAME: COLLINS, J. T, STREET ADDRESS: 8700 SW 190TH CIRCLE, CITY-ST-ZIP: DUNNELLON FL  
TITLE: VD, NAME: SPRENZEL, ROBERT, STREET ADDRESS: 18451 SW 75TH PLACE, CITY-ST-ZIP: DUNNELLON FL  
TITLE: SD, NAME: KNIERIEMAN, SUSAN, STREET ADDRESS: 7 SE TIMUCUAN RD, CITY-ST-ZIP: SUMMERFIELD FL  
TITLE: D, NAME: DAVIS, RUTH B, STREET ADDRESS: 9108 SW 197TH CIRCLE, CITY-ST-ZIP: DUNNELLON FL  
TITLE: TD, NAME: MALCOLM, OWEN, STREET ADDRESS: 20750 SW 80 PLACE ROAD, CITY-ST-ZIP: DUNNELLON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP: 34431  
2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP: 34432  
3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP: 34491  
4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP: 34432  
5.1 TITLE: DIRECTOR, 5.2 NAME: MCDAVID, RICHMOND C., 5.3 STREET ADDRESS: 20175 SW 95TH STREET, 5.4 CITY-ST-ZIP: DUNNELLON, FL. 34431  
6.1 TITLE:  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: \_\_\_\_\_ 2-11-97 352/489-9152  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068084

CR2E037 (9/96)