

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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



Principal Place of Business Mailing Address
8901 SW 190TH AVE RD **P O BOX 3389**
DUNNELLON FL 34432 **DUNNELLON FL 34430-3389**
US **US**

3. Date Incorporated or Qualified 02/15/1979	4. FEI Number 59-1970697	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent BERTOCH, CARL A 537 EAT PARK AVE 200 SOUTH BISCAYNE BLVD 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
85 Zip Code	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	COLLINS, J. T	President	Ruth Davis
STREET ADDRESS	8700 SW 190TH CIRCLE	1.3 STREET ADDRESS	9108 SW 197th Circle
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	Dunnellon, FL 34432
TITLE	NAME	2.1 TITLE	2.2 NAME
VD	SPRENZEL, ROBERT	Vice President	Tim Collins
STREET ADDRESS	18451 SW 75TH PLACE	2.3 STREET ADDRESS	8700 SW 190th Circle
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	Dunnellon, FL 34432
TITLE	NAME	3.1 TITLE	3.2 NAME
SD	KNIERIEMAN, SUSAN	Treasurer	Susan Knieriemann
STREET ADDRESS	7 SE TIMUCUAN RD	3.3 STREET ADDRESS	7 S.E. Timucuan Rd
CITY-ST-ZIP	SUMMERFIELD FL	3.4 CITY-ST-ZIP	Summerfield, FL
TITLE	NAME	4.1 TITLE	4.2 NAME
D	DAVIS, RUTH B	Secretary	Robert Sprenzel
STREET ADDRESS	9108 SW 197TH CIRCLE	4.3 STREET ADDRESS	18451 SW 75th Place
CITY-ST-ZIP	DUNNELLON FL	4.4 CITY-ST-ZIP	Dunnellon, FL
TITLE	NAME	5.1 TITLE	5.2 NAME
D	MCDAVID, RICHMOND C	Director	John Berna
STREET ADDRESS	20175 SW 95TH ST	5.3 STREET ADDRESS	9365 SW 201 Circle
CITY-ST-ZIP	DUNNELLON FL	5.4 CITY-ST-ZIP	Dunnellon, FL
TITLE	NAME	6.1 TITLE	6.2 NAME
		Director	Mary Rixey
STREET ADDRESS		6.3 STREET ADDRESS	89494 SW 93rd Lane Rd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Dunnellon, FL 34431

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.

SIGNATURE: *Susan Knieriemann* **Susan Knieriemann** 4-27-98 352-489-1621

CR2E037 (10/97)