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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 745955

1. Corporation Name

RAINBOW SPRINGS PROPERTY OWNERS ASSOCIATION, INC

5 5 9 8 8 3 *
 559003 - 90038 - 20

Principal Place of Business

8601 SW 190TH AVE RD
 DUNNELLON FL 34432
 US

Mailing Address

P O BOX 3389
 DUNNELLON FL 34430-3389
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/15/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1970697	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BERTOCH, CARL A 537 EAT PARK AVE 200 SOUTH BISCAYNE BLVD TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ 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	VP - <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, TIM	1.2 NAME	RUTH DAVIS
STREET ADDRESS	8700 SW 190TH CIRCLE	1.3 STREET ADDRESS	9108 SW 197TH CIRCLE
CITY-ST-ZIP	DUNNELLON FL 34432	1.4 CITY-ST-ZIP	DUNNELLON FL 34432
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT - D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRENZEL, ROBERT	2.2 NAME	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	T <input type="checkbox"/> DELETE	3.1 TITLE	TREASURER - D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIERIEMAN, SUSAN	3.2 NAME	SUSAN KNIERIEMAN -
STREET ADDRESS	7 SE TIMUCUAN RD	3.3 STREET ADDRESS	7 SE TIMUCUAN RD.
CITY-ST-ZIP	SUMMERFIELD FL	3.4 CITY-ST-ZIP	SUMMERFIELD, FL
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	DAVIS, RUTH B	4.2 NAME	
STREET ADDRESS	9108 SW 197TH CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34432	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAL, JOHN	5.2 NAME	JOHN BERNAL
STREET ADDRESS	9365 SW 201ST CIRCLE	5.3 STREET ADDRESS	9365 SW 201 CIRCLE
CITY-ST-ZIP	DUNNELLON FL	5.4 CITY-ST-ZIP	DUNNELLON FL 34432
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIXEY, MARY	6.2 NAME	DOROTHY HIPPERT
STREET ADDRESS	19494 SW 93RD LANE RD	6.3 STREET ADDRESS	7767 SW 18TH AVE.
CITY-ST-ZIP	DUNNELLON FL 34431	6.4 CITY-ST-ZIP	DUNNELLON, FL

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: *Marsigian* ADMIN. ASST. Date: 4/27/99 Daytime Phone #: 352-489-1621

CR2E037 (1/1/98)