

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

02-07-2000 90038 041 ****61.25

DOCUMENT # 745955

1. Entity Name

RAINBOW SPRINGS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

8601 SW 190TH AVE RD
DUNNELLON FL 34432
US

P O BOX 3389
DUNNELLON FL 34430-3389
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1970697

Applied

Not Applied

5. Certificate of Status Desired

Input

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERTOCH, CARL A
537 EAT PARK AVE
200 SOUTH BISCAYNE BLVD
TALLAHASSEE FL 32301

Name ROBERT A. STERMER

Street Address (P.O. Box Number is Not Acceptable)
8585 SW Hwy. 200 #9

City Ocala

FL

Zip Code 32481

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

Input

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME COLLINS, TIM
STREET ADDRESS 8700 SW 190TH CIRCLE
CITY-ST-ZIP DUNNELLON FL 34432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LIPPERT, DOROTHY
STREET ADDRESS 7767 SW 187TH AVE
CITY-ST-ZIP DUNNELLON FL

TITLE DIRECTOR
NAME ELIZABETH BLONK
STREET ADDRESS 7668 SW 185 CIRCLE
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE TD
NAME KNIERIEMAN, SUSAN
STREET ADDRESS 7 SE TIMUCUAN RD
CITY-ST-ZIP SUMMERFIELD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME DAVIS, RUTH B
STREET ADDRESS 9108 SW 197TH CIRCLE
CITY-ST-ZIP DUNNELLON FL 34432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME BERNAL, JOHN
STREET ADDRESS 9365 SW 201ST CIRCLE
CITY-ST-ZIP DUNNELLON FL 34432

TITLE DIRECTOR
NAME JOHN BERNAL
STREET ADDRESS 9365 SW 201ST CIRCLE
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SB
NAME CAROL FRITZ
STREET ADDRESS 9858 SW 195TH CIRCLE
CITY-ST-ZIP DUNNELLON, FL 34432

12. 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 report or supplemental 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 10 or 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED KNIERIEMAN 1-31-00 352-489-11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #