

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90167 026 ****61.25

DOCUMENT # 745955

1. Entity 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 3389
 DUNNELLON FL 34430-3389
 US

0077725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1970697**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERMER, ROBERT A
8585 SW HIGHWAY 200 #9
OCALA FL 34481

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. **\$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	<input type="checkbox"/> Delete
NAME	NEIPER, RICHARD	
STREET ADDRESS	10027 SW 142ND CIRCLE	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRENZEL, MARILYN	
STREET ADDRESS	19451 SW 75TH PLACE	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KNIERIEMAN, SUSAN	
STREET ADDRESS	7 SE TIMUCUAN RD	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALSH, JACK J	
STREET ADDRESS	8765 SW 190TH CIRCLE	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRITZ, CAROL	
STREET ADDRESS	9858 SW 195TH CIRCLE	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNAL, JOHN	
STREET ADDRESS	9365 SW 201ST CIRCLE	
CITY-ST-ZIP	DUNNELLON FL 34432	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-15-02 352-489-1621
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)