# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 20, 2004 8:00 am**
**Secretary of State**
02-06-2004 90034 013 ****61.25

DOCUMENT # 754208

1. Entity Name
RAINBOW LAKES COMMUNITY MASTER ASSOCIATI ON, INC.

66402588

| Principal Place of Business | Mailing Address |
|---|---|
| 3900 WOODLAKE BLVD<br>STE #201<br>LAKE WORTH, FL 33463 US | C/O GRS MANAGEMENT<br>3900 WOODLAKE BLVD, #201<br>LAKE WORTH, FL 33463 US |

01132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2420159 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH, FL 33463

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | KONYK, CHELLE |
| STREET ADDRESS | 8840 CICERO DRIVE |
| CITY-ST-ZIP | BOYNTON BEACH, FL |
| TITLE | STD |
| NAME | KRUEGER, DALE |
| STREET ADDRESS | 5369 COURTNEY CIR |
| CITY-ST-ZIP | BOYNTON BEACH, FL |
| TITLE | VPD |
| NAME | UMBERGER, ED |
| STREET ADDRESS | 8586 BRIAN BLVD |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** Chelle Konyk PD President 2-17-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Chelle Konyk