FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25530** **(9)**

1. Corporation Name

COLORS AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~% SPECIALITY MANAGEMENT COMPANY~~ ~~820 CONGRESS PARK DRIVE, STE 200~~ ~~DELRAY BCH, FL 33445~~	~~% SPECIALITY MANAGEMENT COMPANY~~ ~~820 CONGRESS PARK DRIVE, STE 200~~ DELRAY BCH, FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0033661	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 c/o CMD Management, Inc.	26 c/o CMD Management, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 3082 Jog Road	27 3082 Jog Road
City & State	City & State
23 Lake Worth, FL	28 Lake Worth, FL
Zip / Country	Zip / Country
24 33467 / 25 USA	29 33467 / 30 USA

9. Name and Address of Current Registered Agent

GOERG, MARCUS
8637 TOURMALINE BLVD
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

61 Name: David C. Rosenthal
62 Street Address (P.O. Box Number is Not Acceptable): c/o CMD Management, Inc.
63: 3082 Jog Road
64 City: Lake Worth, FL 65 Zip Code: 33467

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: David C. Rosenthal — DATE: 4-14-95
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	PD	11 TITLE	D	☐ Change ☑ Addition
NAME	GOERG, MARCUS	12 NAME	David Price	
STREET ADDRESS	8637 TOURMALINE BLVD	13 STREET ADDRESS	8607 Tourmaline Blvd.	
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VPD	21 TITLE	VD	☑ Change ☐ Addition
NAME	PRICE, DAVID	22 NAME	Charles Deutch	
STREET ADDRESS	8607 TOURMALINE BLVD.	23 STREET ADDRESS	8647 Tourmaline Blvd.	
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	SD	31 TITLE	SD	☑ Change ☐ Addition
NAME	PALMER, ERIKA	32 NAME	Cynthia Greenberg	
STREET ADDRESS	8544 TOURMALINE BLVD.	33 STREET ADDRESS	8649 Tourmaline Blvd.	
CITY-ST-ZIP	BOYNTON BEACH FL	34 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	TD	41 TITLE	TD	☑ Change ☐ Addition
NAME	GREENBERG, CYNTHIA	42 NAME	Ken Friedman	
STREET ADDRESS	8649 TOURMALINE BLVD.	43 STREET ADDRESS	5970 Citrine Ct.	
CITY-ST-ZIP	BOYNTON BEACH FL	44 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	SOMERS, HANS	52 NAME	Greg Tendrich	
STREET ADDRESS	8558 TOURMALINE BLVD	53 STREET ADDRESS	8591 Tourmaline Blvd.	
CITY-ST-ZIP	BOYNTON BEACH FL	54 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	61 TITLE	D	☑ Change ☐ Addition
NAME	TENDRICH, GREG	62 NAME	John DiMare	
STREET ADDRESS	8591 TOURMALINE BLVD	63 STREET ADDRESS	6051 Aquamarine Way	
CITY-ST-ZIP	BOYNTON BEACH FL	64 CITY-ST-ZIP	Boynton Beach, FL 33437	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Cynthia L Greenberg — 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012479