

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 MAR -2 PM 4:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N38213 (7)
1. Corporation Name
**CINNABAR AT RAINBOW LAKES HOMEOWNERS ASSOCIATION
, INC.**

Principal Place of Business Mailing Address
**700 WEST HILLSBORO BLVD.
1-101
DEERFIELD BEACH FL 33441-1699** **700 WEST HILLSBORO BLVD.
1-101
DEERFIELD BEACH FL 33441-1699**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1990	3a. Date of Last Report 06/21/1994
4. FEI Number 65-0203488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
**MESSINGER, JOEL
% COMMUNITY ASSOCIATION SERVICES
700 WEST HILLSBORO BLVD., SUITE 101
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
951 Broken Sound Pkwy Suite 201
B3
B4 City **Boca Raton** FL B5 Zip Code **33487**

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 *Joel Messinger* *Joel Messinger* *2/7/95*
Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BALDWIN, WALT
STREET ADDRESS	6164 TERRAROSA CIR.
CITY - ST - ZIP	BOYNTON BEACH FL 33437
TITLE	VD
NAME	FEHR, MICHAEL
STREET ADDRESS	PARAGON WAY
CITY - ST - ZIP	BOYNTON BEACH FL 33437
TITLE	SD
NAME	KAUFER, JEFFREY
STREET ADDRESS	9058 CAVITINA PL.
CITY - ST - ZIP	BOYNTON BEACH FL 33437
TITLE	TD
NAME	YANG, SARN
STREET ADDRESS	6033 TERRAROSA CIR.
CITY - ST - ZIP	BOYNTON BEACH FL 33437
TITLE	D
NAME	EHRlich, FRED
STREET ADDRESS	6339 TERRAROSA CIR.
CITY - ST - ZIP	BOYNTON BEACH FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	YANG, SAM
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(h), 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 applicable, or on an attachment with an affidavit.

SIGNATURE: *Walt Baldwin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____