

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N382B**
1. Corporation Name
CINNABAR @ RAINBOW LAKES HOMEOWNERS ASSOC. INC.

Principal Place of Business Mailing Address
**951 Broken Sound Pkwy #250
Boca Raton, FL 33487**

3. Date Incorporated or Qualified **5/17/1990** 3a. Date of Last Report **5/01/95**
4. FEI Number **65-0203488** 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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**COMMUNITY ASSOCIATION SERVICES, INC.,
951 BROKEN SOUND PRKWAY, STE 250
BOCA RATON, FL 33487**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **900001854929
-06/07/96--01011--023**
84 City *****61.25 FL 85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Joel Muesling* (President) 4/29/96
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BALDWIN, WALT	
STREET ADDRESS	6164 TERRAROSA CIR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FEHR, MICHAEL	
STREET ADDRESS	PARAGON WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KAUFER, JEFFREY	
STREET ADDRESS	9058 CAVATINA PL.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YANG, SARN	
STREET ADDRESS	6033 TERRAROSA CIR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EHRlich, FRED	
STREET ADDRESS	6339 TERRAROSA CIR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WALTER Baldwin	
13 STREET ADDRESS	6164 TERRAROSA CIR.	
14 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JEFFREY KAUFER	
2.3 STREET ADDRESS	9058 CAVATINA PL	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael Goldman	
3.3 STREET ADDRESS	9078 CAVATINA PL	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERT ZEHNER	
4.3 STREET ADDRESS	9113 PARAGON WAY	
4.4 CITY-ST-ZIP	BOYNTON Bch, FL 33437	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TONI HORNYAK	
5.3 STREET ADDRESS	6194 TERRA ROSA CIR.	
5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
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 119.073(4), 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: *Walter Baldwin* 4/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)