

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38213 (7)
 1. Corporation Name
CINNABAR AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
951 BROKEN SOUND PKWY. #250 BOCA RATON FL 33487	951 BROKEN SOUND PKWY. #250 BOCA RATON FL 33487-3513

3. Date Incorporated or Qualified 05/17/1990	3a. Date of Last Report 06/06/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 65-0203488	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
COMMUNITY ASSOCIATION SERVICES, INC.
951 BROKEN SOUND PKWY.
#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
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BALDWIN, WALTER	
STREET ADDRESS	6164 TERRAROSA CIR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KAUFER, JEFFREY	
STREET ADDRESS	9058 CAVATINA PL.	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, MICHAEL	
STREET ADDRESS	9078 CAVATINA PL	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZEHNER, ROBERT	
STREET ADDRESS	9113 PARAGON WAY	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HORNYAK, TONI	
STREET ADDRESS	6194 TERRA ROSA CIR.	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>VD Denise Foley</i>
1.4 CITY-ST-ZIP	<i>6164 Terrarosa Cir Boynton Beach FL 33437</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>PD 9050</i>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>SD Don Toler</i>
3.3 STREET ADDRESS	<i>9058 Cavatina Pl.</i>
3.4 CITY-ST-ZIP	<i>Boynton Beach, FL 33437</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 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: _____ **SIGNATURE REQUIRED** *-1/10/97* *561-994-1788*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039682

CFR2E037 (9/96)