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FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 951 BROKEN SOUND PKWY. #250 BOCA RATON FL 33487	Mailing Address 951 BROKEN SOUND PKWY. #250 BOCA RATON FL 33487
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3. Date Incorporated or Qualified
05/17/1990

4. FEI Number
65-0203488

Applied For	
Not Applicable	

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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
	FL

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	VD	<input type="checkbox"/> DELETE
NAME	FOLEY, DENISE	
STREET ADDRESS	6189 TRRAROSA CR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAUFER, JEFFREY	
STREET ADDRESS	9050 CAVATINA PL	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOLER, DON	
STREET ADDRESS	9058 CAVATINA PL	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	TD	<input checked="" 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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD TOLER, DONALD
3.3 STREET ADDRESS	9058 CAVATINA PLACE
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
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 checked="" type="checkbox"/> Addition
5.2 NAME	DT ALLYSON MARIETTA
5.3 STREET ADDRESS	6145 TERRAROSA CIRCLE
5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIS KEVIN EDWARDS
6.3 STREET ADDRESS	6131 TERRAROSA CIRCLE
6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437

14. 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 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 unchanged, or on an attachment with an address.

SIGNATURE: **Donald J. Toler** PRESIDENT **4/15/98 561-737-1261**

CR2E037 (10/97)