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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38213

1. Corporation Name

CINNABAR AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

961 BROKEN SOUND PKWY.
#250
BOCA RATON FL 33487

Mailing Address

961 BROKEN SOUND PKWY.
#250
BOCA RATON FL 33487



2. Principal Place of Business

21 Assoc. Prop. Mgmt
Suite, Apt. #, etc. /

22 400 So Dixie Hwy, #10
City & State

23 Lake Worth FL
Zip Country

24 33460 25 USA

2a. Mailing Address

26 Assoc. Prop. Mgmt
Suite, Apt. #, etc. /

27 400 So Dixie Hwy, #10
City & State

28 Lake Worth FL
Zip Country

29 33460 30 USA

3. Date Incorporated or Qualified

05/17/1990

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

9. Name and Address of Current Registered Agent

~~COMMUNITY ASSOCIATION SERVICES, INC.~~

~~961 BROKEN SOUND PKWY.~~

~~#250~~

~~BOCA RATON FL 33487~~

10. Name and Address of New Registered Agent

81 Name

Associated Property Management of P.B. Inc

82 Street Address (P.O. Box Number is Not Acceptable)

400 South Dixie Hwy, #10

83

84 City

Lake Worth

FL

85 Zip Code

33460

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

[Signature]

Signature, typed or printed name of registered agent and due if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

MD
NAME FOLEY DENISE
STREET ADDRESS 6189 TERRAROSA OR
CITY-ST-ZIP BOYNTON BEACH FL

TITLE DELETE

PD
NAME TOLER, D
STREET ADDRESS 9058 CAVATINA PL
CITY-ST-ZIP BOYNTON BCH FL 33437

TITLE DELETE

DT
NAME MARIETTA, ALLYSON
STREET ADDRESS 6225 TERRAROSA CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE DELETE

VD
NAME HORNIAK, TONI
STREET ADDRESS 6194 TERRAROSA CIR
CITY-ST-ZIP BOYNTON BCH FL 33437

TITLE DELETE

DS
NAME EDWARDS, KEVIN
STREET ADDRESS 6231 TERRAROSA CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE RECORDED. Kauffer, President 3/31/99 561-641-4607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)