

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38213

1. Entity Name

CINNABAR AT RAINBOW LAKES HOMEOWNERS ASSOCIATION

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90085 022 ****61.25

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| ASSOC. PROP. MGMT 400 S DIXIE HWY #10 LAKE WORTH FL 33460 US | ASSOC. PROP. MGMT 400 S DIXIE HWY #10 LAKE WORTH FL 33460-4455 US |



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|----------------------------------|--|
| 4. FEI Number | Applied For |
| 65-0203488 | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ASSOC. PROP. MGMT OF PB, INC.
 400 S DIXIE HWY
 #10
 LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | RD | <input type="checkbox"/> Delete |
| NAME | TOLER, DON | |
| STREET ADDRESS | 9050 CAVATINA PL | |
| CITY-ST-ZIP | BOYNTON BCH FL 33437 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MARIETTA, ALLYSON | |
| STREET ADDRESS | 6225 TERRAROSA CIRCLE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | EDWARDS, KEVIN | |
| STREET ADDRESS | 6231 TERRAROSA CIRCLE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|---|
| TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dr. Jeffrey Kaufer | |
| STREET ADDRESS | 9050 Cavatina Place | |
| CITY-ST-ZIP | BB. FL. | |
| TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Chris Traubel-Sabel | |
| STREET ADDRESS | 927 Paragon Way | |
| CITY-ST-ZIP | BB. FL. | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rick Leighton | |
| STREET ADDRESS | 6272 Terra Rosa Circle | |
| CITY-ST-ZIP | B.B. FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Don Toler CPA 2-29-00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)