


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90032 029 ****61.25

DOCUMENT # N38213					
1. Entity Name CINNABAR AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ASSOCIATED PROPERTY MGMT. 1938 LAKE WORTH RD. LAKE WORTH FL 33461 US		Mailing Address ASSOCIATED PROPERTY MGMT. 1938 LAKE WORTH RD. LAKE WORTH FL 33461 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0203488	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH FL 33461			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLER, DONALD		NAME	KAUFER, JEFFREY	
STREET ADDRESS	9058 CAVATINA PLACE		STREET ADDRESS	9050 CAVATINA PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIETTA, ALLYSON		NAME	TOLER, DONALD	
STREET ADDRESS	6225 TERRAROSA CIRCLE		STREET ADDRESS	9058 CAVATINA PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, JAMES		NAME	LORENZEN, RICHARD	
STREET ADDRESS	CAVATINA PL		STREET ADDRESS	9066 CAVATINA PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONGDON, REBECCA		NAME	MARIETTA, ALLYSON	
STREET ADDRESS	9035 CAVATINA PLACE		STREET ADDRESS	6225 TERRAROSA CR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZEN, RICHARD		NAME		
STREET ADDRESS	9035 CAVATINA PLACE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 fee empowered.					
SIGNATURE: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	