

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38213

FILED
Mar 13, 2009
Secretary of State

Entity Name: CINNABAR AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 65-0203488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LADWIG, PATTI H ESQ.
12765 W. FOREST HILL BLVD.
SUITE 1312
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAUFER, JEFFREY
Address: 9050 CAVATINA PLACE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: LORENZEN, RICHARD
Address: 9066 CAVATINA PLACE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: CONGDON, REBECCA
Address: 9035 CAVATINA PLACE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD () Delete
Name: MARIETTA, ALLYSON
Address: 6225 TERRA ROSA CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D (X) Delete
Name: ARONSON, MARC
Address: 9153 PATINA DR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CONGDON, REBECCA P
Address: 9035 CAVATINA PLACE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: S (X) Change () Addition
Name: LORENZEN, RICHARD S
Address: 9066 CAVATINA PLACE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T (X) Change () Addition
Name: ARONSON, MARC T
Address: 9153 PATINA DR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: V (X) Change () Addition
Name: MARIETTA, ALLYSON V
Address: 6225 TERRA ROSA CIR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMON ABREU, APM

Electronic Signature of Signing Officer or Director

AGT

03/13/2009

_____ Date