


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90085 027 ****61.25

DOCUMENT # N38213

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



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
US**

2. Principal Place of Business 3. Mailing Address

**ASSOCIATED PROPERTY MGMT
Suite, Apt. #, etc.
1928 LAKE WORTH RD.
LAKE WORTH, FL**

**ASSOCIATED PROPERTY MGMT.
Suite, Apt. #, etc.
1928 LAKE WORTH RD.
LAKE WORTH, FL**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0203488** Applied For
Not Applicable

5. Certificate of Status Desired **\$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 **ASSOCIATED PROPERTY MANAGEMENT**
Street Address (P.O. Box Number is Not Acceptable)
1928 LAKE WORTH ROAD
City **LAKE WORTH, FL** Zip Code **33461**

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 _____ DATE **3/25/03**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFER, DR. JEFFREY 9050 CARATINA PLACE BOYNTON BCH FL 33437	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARIETTA, ALLYSON 6225 TERRAROSA CIRCLE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, JAMES CAVATINA PL BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONGDON, REBECCA 9035 CAVATINA PLACE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZEN, RICHARD 9035 CAVATINA PLACE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOLER, DONALD 9058 CAVATINA PLACE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Donald R. Tolere** **3/25/03** **369-0088**

CR2E037 (10/02)