## 2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N38213** 

1. Entity Name

## CINNABAR AT RAINBOW LAKES HOMEOWNERS ASSOCIATION



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

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



, INC.		• •	GOO WE THE	_						
Principal Plac	e of Business	Mailing Address								
1		ASSOC. PROP. MGMT								
400 S DIXIE H LAKE WORTH		400 S DIXIE HWY #10 LAKE WORTH FL 33460								
US	FL 33400	US .					 	IE <b>aug</b> es <b>a</b> uge	ELEN ANDIE DIQ	(1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>
	Place of Business	3. Mailing Address	· ···							
' • •		1 ~ 4	ASSOCIATED PROPERTY MENT.		I EUUIZIEI UI	III IRIDA IVII	I (189) (1898 (1	II BIBA BIBA	Bibli didij bib	11 61916 1851
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
1928 LAKE WORTH Rd. 19		1928 HAKE W	928 LAKE WOUTH Rd.		<del>-</del>				011111020	
LAKE WORTH, FL		City & State LAKE WORTH, FC			4. FEI Number 65-0203488					oplied For ot Applicable
Zip 33461 Country U.S.H.		Zip 33461	733461 Country U.S.A.		5. Certificate of Status Desired   \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
Name ASSOCIATED PROPERTY IN							HOA	GEMEN	UT-	
	PROP. MGMT OF PB, INC.				O. Box Number	is Not Ac	ceptable)	.,		;*
400 S DI	XIE HWY									
#10	ORTH FL 33460		1928	LA.	KE WOR	VH A	20,40			
	City AKE		WORTH	A		FL	101	6/		
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.										
OLONIATURE					<u>-315</u>	5	$0 \ge$	>		}
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature re-	quired w	hen reinstating)		<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	DATE		
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'	FILE NOW: FEE 13 \$61.25	Trust Fund Co			<b>\$5.00</b> May Be Added to Fees	'			ment of S	
'					Added to Fees		Florida	Depart	ment of S	State
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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 attachright with an address with all other like empowered.

**SIGNATURE:**