

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005742 (0)

1. Corporation Name

RAINBOWS FIRST ADDITION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O LARRY E. CIESLA, P.A.
204 W UNIVERSITY AVE SUITE 4
GAINESVILLE FL 32601

C/O LARRY E. CIESLA, P.A.
204 W UNIVERSITY AVE SUITE 4
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CIESLA, LARRY E
204 W UNIVERSITY AVE
SUITE 4
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

B1

Name

B2

Street Address (P.O. Box Number is Not Acceptable)

B3

B4

City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	THOMAS, JOE	
STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SOSCIA, KAREN	
STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROMEY, CARL	
STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PEACH, LOREN	
STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOSCIA, KAREN	
STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V MORETTA, J.C.
1.3 STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4
1.4 CITY-ST-ZIP	GAINESVILLE FL 32601
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SOSCIA, KAREN
2.3 STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4
2.4 CITY-ST-ZIP	GAINESVILLE FL 32601
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GEMELLI, BARRY
3.3 STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4
3.4 CITY-ST-ZIP	GAINESVILLE FL 32601
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300001787263
5.3 STREET ADDRESS	03708736-00073-001
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph A. Thomas Jr. - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH A. THOMAS JR. - PRESIDENT

2/19/96

Date

352-378-4039

Daytime Phone #

CR2E037 (12/95)