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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address: C/O LARRY E. CIESLA, P.A. 204 W UNIVERSITY AVE SUITE 4 GAINESVILLE FL 32601-5205

3. Date Incorporated or Qualified: 12/04/1995
3a. Date of Last Report: 03/07/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEL Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3354063	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip		Zip		<input type="checkbox"/>	
24	24	29	29	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CIESLA, LARRY E 204 W UNIVERSITY AVE SUITE 4 GAINESVILLE FL 32601		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	THOMAS, JOE	1.2 NAME	Michael L Edge
STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4	1.3 STREET ADDRESS	2402 NW 52nd Place
CITY-ST-ZIP	GAINESVILLE FL 32601	1.4 CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	DS	2.1 TITLE	DV
NAME	SOSCIA, KAREN	2.2 NAME	V.S. Mathew
STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4	2.3 STREET ADDRESS	5111 NW 24th Terrace
CITY-ST-ZIP	GAINESVILLE FL 32601	2.4 CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D	3.1 TITLE	DS
NAME	ROMEY, CARL	3.2 NAME	Judy H Clark
STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4	3.3 STREET ADDRESS	5006 NW 24th Terrace
CITY-ST-ZIP	GAINESVILLE FL 32601	3.4 CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	T	4.1 TITLE	DT
NAME	PEACH, LOREN	4.2 NAME	Samuel L Russ Jr.
STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4	4.3 STREET ADDRESS	2445 NW 52nd Place
CITY-ST-ZIP	GAINESVILLE FL 32601	4.4 CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D	5.1 TITLE	
NAME	SOSCIA, KAREN	5.2 NAME	
STREET ADDRESS	204 W UNIVERSITY AVE SUITE 4	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	MORETTA, J C	6.2 NAME	
STREET ADDRESS	204 W. UNIVERSITY AVE., SUITE 4	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	6.4 CITY-ST-ZIP	

14. I do 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 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: *Michael L Edge* Date: President 3/7/97 352-375-6162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 90010508

CR2E037 (9/96)