


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 P.O. BOX 4024 204 W UNIVERSITY AVE SUITE 4 GAINESVILLE FL 32613 US
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3. Date Incorporated or Qualified 12/04/1995	
4. FEI Number 59-3354063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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	NAME EDGE, MICHAEL L.	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 2402 NW 52ND PLACE	CITY-ST-ZIP GAINESVILLE FL		
TITLE PV	NAME MATTHEW, V.S.	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 5111 NW 24TH TERRACE	CITY-ST-ZIP GAINESVILLE FL		
TITLE D	NAME ROMEY, CARL	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 204 W UNIVERSITY AVE SUITE 4	CITY-ST-ZIP GAINESVILLE FL 32601		
TITLE DT	NAME RUSS, SAMUEL L. JR	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 2445 NW 52ND PLACE	CITY-ST-ZIP GAINESVILLE FL		
TITLE DS	NAME CLARK, JUDY H.	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 5008 NW 24TH TERRACE	CITY-ST-ZIP GAINESVILLE FL		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSEPH A. THOMAS
1.3 STREET ADDRESS	5014 N.W. 24TH TERR.
1.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JANET POPP
2.3 STREET ADDRESS	5134 N.W. 24TH TERR.
2.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KATHLEEN SIMMONS
3.3 STREET ADDRESS	5030 N.W. 24TH TERR.
3.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIANE CLAPPER
4.3 STREET ADDRESS	4824 NW. 23RD TERR
4.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LOREN PEACH
5.3 STREET ADDRESS	5025 N.W. 23RD DR.
5.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOSEPH MORETTA
6.3 STREET ADDRESS	2422 N.W. 52ND AVE.
6.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605

14. 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 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 7.10.98 352 (378-4039)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)