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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000005742

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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21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/04/1995
23	City & State	City & State	4. FEI Number
24	Zip	Country	59-3354063
25	Country	Country	Applied For
26	Country	Country	Not Applicable
27	Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
28	Country	Country	\$8.75 Additional Fee Required
29	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
30	Country	Country	\$5.00 May Be Added to Fees

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	85 Zip Code
			FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOSEPH A.	1.2 NAME	THOMAS, JOSEPH A.
STREET ADDRESS	5014 NW 24TH TERRACE	1.3 STREET ADDRESS	5014 N.W. 24TH TERR.
CITY-ST-ZIP	GAINESVILLE FL 32605	1.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPE PRESIDENT - VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPP, JANET	2.2 NAME	MARTINEZ, BILL
STREET ADDRESS	5134 NW 24TH TERRACE	2.3 STREET ADDRESS	4808 N.W. 23RD TERR.
CITY-ST-ZIP	GAINESVILLE FL 32605	2.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT - P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, KAULEEN	3.2 NAME	UPSHAW, SHIRLEY
STREET ADDRESS	5030 NW 24TH TERRACE	3.3 STREET ADDRESS	2410 N.W. 52 PLACE
CITY-ST-ZIP	GAINESVILLE FL 32605	3.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAPPER, DIANE	4.2 NAME	LEGRAND, HENRIETTE
STREET ADDRESS	4824 NW 23RD TERRACE	4.3 STREET ADDRESS	4724 N.W. 23RD TERR.
CITY-ST-ZIP	GAINESVILLE FL 32605	4.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACH, LOREN	5.2 NAME	GEMELLI, BARRY
STREET ADDRESS	5025 NW 23RD DR	5.3 STREET ADDRESS	2426 N.W. 52 PLACE
CITY-ST-ZIP	GAINESVILLE FL 32605	5.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORETTA, JOSEPH	6.2 NAME	BELL, WATT
STREET ADDRESS	2422 NW 52ND AVE	6.3 STREET ADDRESS	5015 N.W. 23RD DRIVE
CITY-ST-ZIP	GAINESVILLE FL 32605	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, with all other like empowered.

SIGNATURE: Joseph A. Thomas DATE: 3.10.99 DAYTIME PHONE #: 352-378-4039

CR2F037 (4-1-98)