

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90236 001 ****61.25

DOCUMENT # N95000005742

1. Entity 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

P O BOX 357904
 GAINESVILLE FL 32635-7904
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3354063

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **THOMAS, JOSEPH A.**
 STREET ADDRESS **5014 NW 24TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** Change Addition
 NAME **Robert Canty**
 STREET ADDRESS **4702 NW 23rd Ter**
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **VP** Delete
 NAME **MARTINEZ, BILL**
 STREET ADDRESS **4808 NW 23 TERR**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **S** Change Addition
 NAME **Barry Gemilli**
 STREET ADDRESS **2426 NW 52nd Place**
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **S** Delete
 NAME **SIMMONS, KAULEEN**
 STREET ADDRESS **5030 NW 24TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** Change Addition
 NAME **Loren Peach**
 STREET ADDRESS **5025 NW 23rd Dr**
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **DA** Delete
 NAME **BREWER, DAVID**
 STREET ADDRESS **2418 NW 52ND PL**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** Change Addition
 NAME **Diane Clapper**
 STREET ADDRESS **4824 NW 23rd Ter**
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **T** Delete
 NAME **JANNEY, MYRNA**
 STREET ADDRESS **5006 NW 24TH TERR**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** Delete
 NAME **LOURTTE, JERRY**
 STREET ADDRESS **4710 NW 23RD TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

12. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

Joseph A. Thomas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02
 Date

352-378-4039
 Daytime Phone #

CR2E037 (9/01)