


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90021 036 ****61.25

DOCUMENT # N95000005742

1. Entity 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 357904
 GAINESVILLE, FL 32635-7904 US**

54025265



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01102004 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country Zip Country

4. FEI Number
59-3354063

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JOSEPH A.	
STREET ADDRESS	5014 NW 24TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, BILL	
STREET ADDRESS	4808 NW 23 TERR	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	DA	<input type="checkbox"/> Delete
NAME	BREWER, DAVID	
STREET ADDRESS	2418 NW 52ND PL	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	T	<input type="checkbox"/> Delete
NAME	JANNEY, MYRNA	
STREET ADDRESS	5006 NW 24TH TERR	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTY, ROBERT	
STREET ADDRESS	4702 NW 23RD TER	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JANE	
STREET ADDRESS	5115 NW 23rd Dr	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VENSANOYE, VIRGILLO	
STREET ADDRESS	6014 NW 23rd Dr	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David Brewer **DAVID BREWER** **3-10-04** **352-373-6211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #