


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90018 031 ****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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANE, LISA		NAME		
STREET ADDRESS	5021 NW 24TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VENSAMOYE, VIRGILLO		NAME	Jiannong Xin	
STREET ADDRESS	5014 NW 23RD DR.		STREET ADDRESS	5015 NW 24th Ter	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	DA	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREWER, DAVID		NAME	GERARDO CAZANOVA	
STREET ADDRESS	2418 NW 52ND PL		STREET ADDRESS	2422 NW 52ND AV	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANNEY, MYRNA		NAME		
STREET ADDRESS	5006 NW 24TH TERR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBRELL, DON		NAME		
STREET ADDRESS	2429 NW 52ND PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Myrna B Janney, T</u> Myrna B Janney 2/27/06 352-379-8668					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

