

N95000005742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

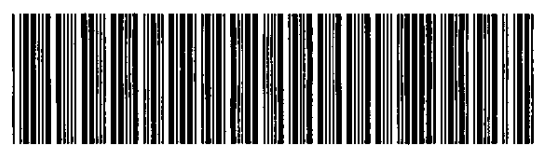
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
13 JUL 12 PM 1:53

Amend  
@ 7.12.13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Rainbows First Addition Homeowners Association, Inc.

**DOCUMENT NUMBER:** N95000005742

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myrna B Janney

(Name of Contact Person)

Rainbows First Addition Homeowners Association, Inc.

(Firm/ Company)

PO Box 357904

(Address)

Gainesville, FL 32635-7904

(City/ State and Zip Code)

MB Janney@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myrna B Janney

(Name of Contact Person)

at ( 352 ) 379-8668

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|---|---|--|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2013

YYRNA B. JANNEY  
RAINBOWS FIRST ADDITION HOMEOWNERS  
P.O. BOX 357904  
GAINESVILLE, FL 32635-7904

SUBJECT: RAINBOWS FIRST ADDITION HOMEOWNERS ASSOCIATION,  
INC.

Ref. Number: N95000005742

We have received your document for RAINBOWS FIRST ADDITION HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 013A00015854



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2013

MYRNA B. JANNEY  
RAINBOWS FIRST ADDITION HOMEOWNERS  
P.O. BOX 357904  
GAINESVILLE, FL 32635-7904

SUBJECT: RAINBOWS FIRST ADDITION HOMEOWNERS ASSOCIATION,  
INC.

Ref. Number: N95000005742

We have received your document for RAINBOWS FIRST ADDITION HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete and submit the document in its entirety.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 813A00015055

RECEIVED  
13 JUN 24 AM 8:39  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Rainbows First Addition Homeowners Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N95000005742

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new  
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  
"Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 12 PM 1:50

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: Terry N. Silverman  
500 East University Avenue, Suite D  
(Florida street address)

New Registered Office Address:  
Gainesville, Florida 32601  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Terry N. Silverman  
Signature of New Registered Agent, if changing



If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input checked="" type="checkbox"/> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)   | <u>Title</u> | <u>Name</u>                | <u>Address</u>   |
|--|--------------|----------------------------|--|
| 1) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>C</u>     | <u>Canty, Robert</u>       | <u>4702 NW 23rd Ter</u><br><u>Gainesville, FL</u><br><u>32605 US</u> |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>C</u>     | <u>Trospen, Chad</u>       | <u>5031 NW 24th Ter</u><br><u>Gainesville, FL</u><br><u>32605 US</u> |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>D</u>     | <u>Kilpatrick, Douglas</u> | <u>5118 NW 24th Dr</u><br><u>Gainesville, FL</u><br><u>32605 US</u>  |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>     | <u>Tamayo, Jorge</u>       | <u>5115 NW 23rd Dr</u><br><u>Gainesville, FL</u><br><u>32605 US</u>  |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>     | <u>Acuna, Ernesto</u>      | <u>5015 NW 24th Dr</u><br><u>Gainesville, FL</u><br><u>32605 US</u>  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____        | _____                      | _____  |

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

N/A

Michael B. Janney

The date of each amendment(s) adoption: June 6, 2013

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 7-5-2013

Signature Maryna B Janney  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARYNA B JANNEY  
(Typed or printed name of person signing)

Treasurer  
(Title of person signing)