

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90070 032 \*\*\*\*61.25

11/11/03

**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  
Suite, Apt. #, etc.

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

City & State

4. FEI Number **59-3354063**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**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 \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, JOSEPH A.</b>	
STREET ADDRESS	<b>5014 NW 24TH TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, BILL</b>	
STREET ADDRESS	<b>4808 NW 23 TERR</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GEMILLI, BARRY</b>	
STREET ADDRESS	<b>2426 NW 52ND PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>DA</b>	<input type="checkbox"/> Delete
NAME	<b>BREWER, DAVID</b>	
STREET ADDRESS	<b>2418 NW 52ND PL</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JANNEY, MYRNA</b>	
STREET ADDRESS	<b>5006 NW 24TH TERR</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CANTY, ROBERT</b>	
STREET ADDRESS	<b>4702 NW 23RD TER</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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	
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: [Signature] **FEES REQUIRED**

**3-25-03 352-384-5947**

CR2E037 (10/02)