FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:16

DOCUMENT # N30010 (5)

1. Corporation Name

RAINBOW COVE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O STEPHEN RASKIN 4268 SE RAINBOW'S END STUART FL 34997	C/O STEPHEN RASKIN 4268 SE RAINBOW'S END STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0198186 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Gary Scarfo	26 Gary Scarfo
22 Suite, Apt. #, etc. 5663 SE Pot O' Gold Place	27 Suite, Apt. #, etc. 5663 SE Pot O' Gold PLace
23 City & State Stuart, Florida	28 City & State Stuart, Florida
24 Zip 34997 25 Country USA	29 Zip 34997 30 Country USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) *Tax Exempt Status* ☐ **$68.75** Supplemental *Fee Not Required*
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RASKIN, DORIS 676 S.E. MONTEREY ROAD STUART FL 34994	81 Name: Gary Scarfo 82 Street Address (P.O. Box Number is Not Acceptable): 5663 SE Pot O' Gold Place 83 84 City: Stuart FL 85 Zip Code: 34997

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: GARY SCARFO Gary Scarfo 3/2/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not listed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RASKIN, STEPHEN	1.2 NAME	Gary Scarfo	
STREET ADDRESS	4268 SE RAINBOW'S END	1.3 STREET ADDRESS	5663 SE Pot O' Gold Place	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	Staurt, Florida 34997	
TITLE	VD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	DAVIS, ELEANOR	2.2 NAME	Gilda Sternfeld	
STREET ADDRESS	P.O. BOX 313 N/A	2.3 STREET ADDRESS	5696 SE Pot O' Gold Place	
CITY-ST-ZIP	PORT SALERNO FL 34992-0313	2.4 CITY-ST-ZIP	Stuart, Florida 34997	
TITLE	S	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	LANIGAN, ROBIN E.	3.2 NAME		
STREET ADDRESS	5664 SE POT O'GOLD PL	3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	T	☒ Change ☐ Addition
NAME	ANTHONY, JOANIE	4.2 NAME	Sally Deluca	
STREET ADDRESS	4213 SE RAINBOW'S END	4.3 STREET ADDRESS	4284 SE Rainbow's End	
CITY-ST-ZIP	STUART FL 34997	4.4 CITY-ST-ZIP	Stuart, Florida 34997	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robin E Lanigan, Robin E Lanigan March 2, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date (407) 223-5514 (Daytime Phone #)

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