

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30010** (5)  
1. Corporation Name  
**RAINBOW COVE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O SCARFO, GARY 5063 SE POT O' GOLD PLACE STUART FL 34997 US</b>	Mailing Address <b>C/O SCARFO, GARY 5063 SE POT O' GOLD PLACE STUART FL 34997 US</b>
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3. Date Incorporated or Qualified <b>01/04/1989</b>	4. FEI Number <b>65-0198186</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21 Doris Raskin</b>	2a. Mailing Address <b>26 Doris Raskin</b>
Suite, Apt. #, etc. <b>22 P.O. Box 535</b>	Suite, Apt. #, etc. <b>27 P.O. Box 535</b>
City & State <b>23 Port Salerno FL</b>	City & State <b>28 Port Salerno FL</b>
Zip <b>24 34992</b>	Country <b>25 USA</b>
Zip <b>29 34992</b>	Country <b>30 USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SCARFO, GARY  
5063 SE POT O' GOLD PLACE  
STUART FL 34994**

10. Name and Address of New Registered Agent
81 Name <b>DORIS RASKIN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>P.O. Box 535</b>
83
84 City <b>Port Salerno</b>
85 Zip Code <b>FL 34992</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Doris Raskin* **Doris Raskin** 4/23/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SCARFO, GARY</b>	
STREET ADDRESS <b>5063 SE POT O' GOLD PLACE</b>	
CITY-ST-ZIP <b>STUART FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>STERNFELD, GILDA</b>	
STREET ADDRESS <b>5068 SE POT O' GOLD PLACE</b>	
CITY-ST-ZIP <b>STUART FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LANGAN, ROBIN E.</b>	
STREET ADDRESS <b>5064 SE POT O' GOLD PL</b>	
CITY-ST-ZIP <b>STUART FL</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DELUCA, SALLY</b>	
STREET ADDRESS <b>4284 SE RAINBOW'S END</b>	
CITY-ST-ZIP <b>STUART FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>DORIS RASKIN</b>	
1.3 STREET ADDRESS <b>4268 SE Rainbows End</b>	
1.4 CITY-ST-ZIP <b>Stuart FL 34997</b>	
2.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Eileen Turch</b>	
2.3 STREET ADDRESS <b>4237 SE Rainbows End</b>	
2.4 CITY-ST-ZIP <b>Stuart FL 34997</b>	
3.1 TITLE <b>John Turch</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>John Turch</b>	
3.3 STREET ADDRESS <b>4237 SE Rainbows End</b>	
3.4 CITY-ST-ZIP <b>Stuart FL 34997</b>	
4.1 TITLE <b>Elizabeth Ott</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Elizabeth Ott</b>	
4.3 STREET ADDRESS <b>5688 SE Pot O Gold Place</b>	
4.4 CITY-ST-ZIP <b>Stuart FL 34997</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *John Turch* **JOHN TURCH** 4/23/98 561 256 9979

CR2E037 (10/97)