

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30010

FILED  
Aug 20, 2007  
Secretary of State

**Entity Name:** RAINBOW COVE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 535  
PORT SALERNO, FL 34992 US

**New Principal Place of Business:**

4221 RAINBOWS END  
STUART, FL 34997 US

**Current Mailing Address:**

P.O. BOX 535  
PORT SALERNO, FL 34992 US

**New Mailing Address:**

FEI Number: 65-0198186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CLASEN, WILLIAM  
4228 SE RAIDBONS END  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

JENSON, SHAWN  
4221 SE RAINBOWS END  
STUART, FL 34997 US

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.

SIGNATURE: SHAWN JENSON

08/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CLASEN, WILLIAM  
Address: 4228 SE RAIDBONS END  
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete  
Name: DELGADO, TERI  
Address: 4253 SE RAIN DOWS END  
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete  
Name: OTT, ELIZABETH  
Address: 5688 SE POT O GOLD PLACE  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JENSON, SHAWN  
Address: 4221 SE RAIDBONS END  
City-St-Zip: STUART, FL 34997

Title: VD (X) Change ( ) Addition  
Name: BAZIL, RUPERT  
Address: 4252 SE RAIN DOWS END  
City-St-Zip: STUART, FL 34997

Title: T (X) Change ( ) Addition  
Name: CHICK, TERRESSA  
Address: 4236 RAINBOWS END  
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN JENSON

PRES

08/20/2007

Electronic Signature of Signing Officer or Director

Date