2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745955

Entity Name: RAINBOW SPRINGS PROPERTY OWNERS ASSOCIATION, INC.

FILED Feb 28, 2017 Secretary of State CC0632999025

Current Principal Place of Business:

8601 SW 190TH AVE RD DUNNELLON, FL 34432

Current Mailing Address:

P O BOX 3389

DUNNELLON. FL 34430-3389 US

FEI Number: 59-1970697 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEMMA, RICHARD A 21869 SW 83RD LOOP DUNNELLON, FL 34431 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: RICHARD A. LEMMA 02/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Litle	PRESIDENT	Litle	SECRETARY
Name	ENO. BURT	Name	STRAHAN, AUDR

NameENO, BURTNameSTRAHAN, AUDREY C.Address9220 SW 193RD CIRCLEAddress19025 SW 93RD LOOPCity-State-Zip:DUNNELLON FL 34432City-State-Zip:DUNNELLON FL 34432

Title TREASURER Title VP

Name LOCHRANE, HUGH Name EDER, MARK

Address 9184 SW 193RD CIRCLE Address 8730 SW 197TH CT. RD.

City-State-Zip: DUNNELLON FL 34432 City-State-Zip: DUNNELLON FL 34432

Title DIRECTOR Title DIRECTOR

Name LARSEN, JUDY Name COLLINS, TIM

Address 9160 SW 193RD CIRCLE Address 9718 SW 188TH TERRACE
City-State-Zip: DUNNELLON FL 34432 City-State-Zip: DUNNELLON FL 34432

Title DIRECTOR Title DIRECTOR

NameADLER, ROSALIENameMCKINLEY, PHILLIP DAddress8892 SW 192ND COURT ROADAddress9921 SW 196TH AVE RD.City-State-Zip:DUNNELLON FL 34432City-State-Zip:DUNNELLON FL 34432

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I hereby 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 all other like empowered.

SIGNATURE: BURT ENO PRESIDENT 02/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MCNAMEE, PAUL
Address 19588 SW 86TH LN

City-State-Zip: DUNNELLON FL 34432