

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745955

**FILED**  
**Jan 20, 2016**  
**Secretary of State**  
**CC0962535893**

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

**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:** No

**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

01/20/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ENO, BURT  
Address        9220 SW 193RD CIRCLE  
City-State-Zip: DUNNELLON FL 34432

Title            SECRETARY  
Name            STRAHAN, AUDREY C.  
Address        19025 SW 93RD LOOP  
City-State-Zip: DUNNELLON FL 34432

Title            VICE PRESIDENT  
Name            DAYTON, VIVIAN M  
Address        9141 SW 193 CIRCLE  
City-State-Zip: DUNNELLON FL 34432

Title            TREASURER  
Name            LOCHRANE, HUGH  
Address        9184 SW 193RD CIRCLE  
City-State-Zip: DUNNELLON FL 34432

Title            DIRECTOR  
Name            HART, GORDON  
Address        9719 SW 206TH CIRCLE  
City-State-Zip: DUNNELLON FL 34431

Title            DIRECTOR  
Name            LOFFREDO, LARRY  
Address        19524 SW 82ND PL RD  
City-State-Zip: DUNNELLON FL 34432

Title            DIRECTOR  
Name            LARSEN, JUDY  
Address        9160 SW 193RD CIRCLE  
City-State-Zip: DUNNELLON FL 34432

Title            DIRECTOR  
Name            COLLINS, TIM  
Address        9718 SW 188TH TERRACE  
City-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**

01/20/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ADLER, ROSALIE  
Address        8892 SW 192ND COURT ROAD  
City-State-Zip: DUNNELLO FL 34432