

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745955

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

**FILED**  
**Mar 30, 2023**  
**Secretary of State**  
**2304537722CC**

**Current Principal Place of Business:**

19330 SW 83RD PLACE ROAD  
DUNNELLON, FL 34432

**Current Mailing Address:**

2541 N RESTON TERRACE  
HERNANDO, FL 34442 US

**FEI Number:** 59-1970697

**Certificate of Status Desired:** No

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

VILLAGES SERVICES INC  
2541 N RESTON TERRACE  
HERNANDO, FL 34442 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:** GERALYN BOND

03/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOCHRANE, HUGH  
Address        2541 N RESTON TERRACE  
City-State-Zip:    HERNANDO FL 34442

Title            DIRECTOR  
Name            EDER, LYNNE  
Address        2541 N RESTON TERRACE  
City-State-Zip:    HERNANDO FL 34442

Title            SECRETARY  
Name            BROWN, KIRK M  
Address        2541 N RESTON TERRACE  
City-State-Zip:    HERNANDO FL 34442

Title            DIRECTOR  
Name            GOETZ, GEOFF  
Address        2541 N RESTON TERRACE  
City-State-Zip:    HERNANDO FL 34442

Title            DIRECTOR  
Name            ELWOOD, JIM  
Address        2541 N RESTON TERRACE  
City-State-Zip:    HERNANDO FL 34442

Title            DIRECTOR  
Name            STONE, MARY  
Address        2541 N RESTON TERRACE  
City-State-Zip:    HERNANDO FL 34442

Title            VP  
Name            TRIOLET, ERNESTO J  
Address        2541 N RESTON TERRACE  
City-State-Zip:    HERNANDO FL 34442

Title            DIRECTOR  
Name            GARCIA, ROBERTO  
Address        2541 N RESTON TERRACE  
City-State-Zip:    HERNANDO FL 34442

**Continues on page 2**

*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:** HUGH LOCHRANE

PRESIDENT

03/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MURPHY, PEARL M  
Address        2541 N RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442

Title           TREASURER  
Name           TRILSCH, CHERYL A  
Address        2541 N RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442