

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745955

FILED
Jan 31, 2015
Secretary of State
CC0979728107

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

01/31/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MARHEFKI, JOANNE
Address 19340 SW 82ND PLACE RD.
City-State-Zip: DUNNELLON FL 34432

Title SECRETARY
Name WELCH, JEFFERY
Address 20200 SW 95TH STREET
City-State-Zip: DUNNELLON FL 34431

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

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

Title TREASURER
Name BENNETT, AMANDA
Address 19417 SW 82ND PLACE RD.
City-State-Zip: DUNNELLON FL 34432

Title DIRECTOR
Name ADAMES, ROBERT
Address 9745 SW 200TH CT
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

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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: JOANNE MARHEFKI

PRESIDENT

01/31/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COLLINS, TIM
Address 9718 SW 188TH TERRACE
City-State-Zip: DUNNELLON FL 34432

Title DIRECTOR
Name CAIRD, CAROLE
Address 19743 SW 93RD LANE RD.
City-State-Zip: DUNNELLON FL 34432