

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745955

FILED
Mar 26, 2018
Secretary of State
CC9892966863

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

03/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name EDER, MARK
Address 8730 SW 197TH CT. RD.
City-State-Zip: DUNNELLON FL 34432

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

Title DIRECTOR
Name MCKINLEY, PHILLIP D
Address 9921 SW 196TH AVE RD.
City-State-Zip: DUNNELLON FL 34432

Title DIRECTOR
Name MCNAMEE, PAUL
Address 19588 SW 86TH LN
City-State-Zip: DUNNELLON FL 34432

Title DIRECTOR
Name RULLA, IRAPPAUL
Address 19095 SW 98TH LOOP
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: BURTON ENO

PRESIDENT

03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DAVIS, THOMAS
Address 18215 SW 65TH LOOP
City-State-Zip: DUNNELLON FL 34432