

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38213

FILED
Mar 03, 2021
Secretary of State
1114935635CC

Entity Name: CINNABAR AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC
8135 LAKE WORTH RD., SUITE B
LAKE WORTH, FL 33467

Current Mailing Address:

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.

8135 LAKE WORTH RD., SUITE B
LAKE WORTH, FL 33467 US

FEI Number: 65-0203488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH RD.,
SUITE B
LAKE WORTH , FL 33467 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: ASSOCIATED PROPERTY MANAGEMENT

03/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CONGDON, REBECCA
Address 8135 LAKE WORTH ROAD
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title VP
Name PISCIOTTANO, GERALD
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT OF THE PALM
 BEACHES, INC.
 8135 LAKE WORTH RD., SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY
Name KAUFER, JEFFREY
Address 8135 LAKE WORTH ROAD
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name MICHAUD, MARK
Address 8135 LAKE WORTH ROAD
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name MARIETTA, ALLYSON
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT OF THE PALM
 BEACHES, INC
 8135 LAKE WORTH RD., SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name GOLUB, ERIC
Address 8135 LAKE WORTH RD.,
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name SEUSS, VIRGINIA
Address 8135 LAKE WORTH RD.,
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name KONZELA, MICHAEL
Address 8135 LAKE WORTH ROAD
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

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: REBECCA CONGDON

PRESIDENT

03/03/2021

