

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005742

**FILED**  
**Jan 22, 2020**  
**Secretary of State**  
**0850980512CC**

**Entity Name:** RAINBOWS FIRST ADDITION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

THOMAS MCDERMOTT, ESQ  
901 NW 8TH AVENUE STE B-17  
GAINESVILLE, FL 32601

**Current Mailing Address:**

POST OFFICE BOX 357904  
GAINESVILLE, FL 32635-7904 US

**FEI Number: 59-3354063**

**Certificate of Status Desired: No**

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

MCDERMOTT, THOMAS ESQ  
901 NW 8TH AVENUE STE B-17  
GAINESVILLE, FL 32601 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           JANNEY, MYRNA  
Address        5006 NW 24TH TER  
City-State-Zip: GAINESVILLE FL 32605

Title           VC  
Name           TAYLOR, MARILYN  
Address        5135 NW 24TH DR  
City-State-Zip: GAINESVILLE FL 32605

Title           DIRECTOR  
Name           KIMBRELL, DON  
Address        2429 NW 52ND PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title           CHAIRMAN  
Name           HENDRICKSON, KATHY  
Address        5126 NW 24TH TER  
City-State-Zip: GAINESVILLE FL 32605

Title           SECRETARY  
Name           PETERSON, BRANDON  
Address        2309 NW 49TH AV  
City-State-Zip: GAINESVILLE FL 32605

Title           DIRECTOR  
Name           YOUSEY, LOLA  
Address        5031 NW 24TH DR  
City-State-Zip: GAINESVILLE FL 32605

Title           OFFICER  
Name           PIEDRA, KAREN  
Address        2315 NW 52ND PLACE  
City-State-Zip: GAINESVILLE FL 32605

*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: MYRNA B JANNEY**

**TREASURER**

**01/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date