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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743602** (5)

1. Corporation Name
RAINBOW ACRES CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4963 SW 196TH AVE. P. O. BOX 320010 DUNNELLON FL 34431	4963 SW 196TH AVE. P. O. BOX 320010 DUNNELLON FL 34431

3. Date Incorporated or Qualified: 07/17/1978

4. FEI Number: 59-1886003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

2. Principal Place of Business	2a. Mailing Address
21 7220 S US Hwy 41	26 7220 S US Hwy 41
Suite, Apt. #, etc. 22 Rainbow Acres Business Center	Suite, Apt. #, etc. 27 Rainbow Acres Business Center
City & State 23 Dunnellon, FL	City & State 28 Dunnellon, FL
Zip / Country 24 34432 / 25 Marion	Zip / Country 29 34432 / 30 Marion

9. Name and Address of Current Registered Agent

STEPHENSON, DALE
4963 S.W. 196TH AVE.
DUNNELLON FL 34431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CAMPBELL, MARY		1.2 NAME		
STREET ADDRESS	9715 SW 54TH ST.		1.3 STREET ADDRESS	19715 SW 54th St	
CITY-ST-ZIP	DUNNELLON FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	SUTART, BURNETTE		2.2 NAME	Chris Osborne	
STREET ADDRESS	20797 SW 73RD LN		2.3 STREET ADDRESS	19831 SW 57th St	
CITY-ST-ZIP	DUNNELLON FL		2.4 CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOHR, NANCY		3.2 NAME		
STREET ADDRESS	5714 SW 196TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	STEPHENSON		4.2 NAME		
STREET ADDRESS	4963 SW 196TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME	MAGURSKY, DORIS		5.2 NAME	Gordon Cade	
STREET ADDRESS	5517 SW 202ND CT		5.3 STREET ADDRESS	7101 SW 200th Terrace	
CITY-ST-ZIP	DUNNELLON FL		5.4 CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BURKE, ERNEST		6.2 NAME		
STREET ADDRESS	6310 SW 206TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 2/26/98 (352) 465-7928