FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745955 (5)

1. Corporation Name
RAINBOW SPRINGS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
% CHASE ENTERPRISES. ATTN: JOS. KORZENIK ONE COMMERCIAL PLAZA HARTFORD CT 06103	% CHASE ENTERPRISES. ATTN: JOS. KORZENIK ONE COMMERCIAL PLAZA HARTFORD CT 06103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1979
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1970697 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address
8601 SW 190th Avenue Road	P.O. Box 3389
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DUNNELLON, FLORIDA	28 City & State: DUNNELLON, FLORIDA
24 Zip: 34432 25 Country	29 Zip: 34430-3389 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ST LOUIS, ROLAND R JR
FRIEDMAN, RODRIGUEZ & FERRARO, P.A.
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131

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 607.0502 and 607.1508, 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 607.0505, 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	VPD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SHENEMAN, DONALD	1.2 NAME	J. TIMOTHY COLLINS	
STREET ADDRESS	8905 SW 196TH TERR RD	1.3 STREET ADDRESS	8700 SW 190th CIRCLE	
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	DUNNELLON, FL. 34432	
TITLE	PD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	NORTON, ROGER	2.2 NAME	ROBERT SPRENZEL	
STREET ADDRESS	7960 S.W. 187TH AVE.	2.3 STREET ADDRESS	18451 SW 75th PLACE	
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	DUNNELLON, FL. 34432	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	MELLITZ, JONATHAN A	3.2 NAME		
STREET ADDRESS	ONE COMMERCIAL PLAZA	3.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	S	☒ Change ☐ Addition
NAME	SMALLRIDGE, LOWELL P.	4.2 NAME	MICHAEL CAREY	
STREET ADDRESS	19152 S.W. 81ST PLACE RD.	4.3 STREET ADDRESS	9480 SW 192nd COURT ROAD	
CITY-ST-ZIP	DUNNELLON FL	4.4 CITY-ST-ZIP	DUNNELLON, FL. 34432	
TITLE	SD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	MALCOLM, OWEN	5.2 NAME		
STREET ADDRESS	20750 SW 80TH PLACE RD.	5.3 STREET ADDRESS	20750 SW 80 PLACE RD	
CITY-ST-ZIP	DUNNELLON FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Owen Malcolm TREASURER 4-20-95 (904) 489-1621
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

007382