2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90445 045 ****70.00

DOCUMENT # 745955

1. Entity Name

RAINBOW SPRINGS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
8601 SW 190TH AVE RD DUNNELLON FL 34432 US	P O BOX 3389 DUNNELLON FL 34430-3389 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1970697 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERTOCH, CARL A
537 EAT PARK AVE
200 SOUTH BISCAYNE BLVD
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name ROBERT A. STERMER
Street Address (P.O. Box Number is Not Acceptable) 8585 SW Hwy 200 #9
City OCALA **FL** Zip Code 34481

8. 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 Robert A. Sterner, ROBERT A. STERMER 3-08-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COLLINS, TIM 8700 SW 190TH CIRCLE DUNNELLON FL 34432	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NEIPER, RICHARD 10027 SW 192ND CIRCLE DUNNELLON, FL. 34432	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIPPERT, DOROTHY 7767 SW 187TH AVE DUNNELLON FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRENZEL, MARILYN 19451 SW 75TH PL. DUNNELLON, FL. 34432	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KNIERIEMAN, SUSAN 7 SE TIMUCUAN RD SUMMERFIELD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIS, RUTH B 9108 SW 197TH CIRCLE DUNNELLON FL 34432	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALSH, JACK J. 8765 SW 190TH CIRCLE DUNNELLON, FL. 34432	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERNAL, JOHN 9365 SW 201ST CIRCLE DUNNELLON FL 34432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAROL FRITZ 9858 SW 195TH CIRCLE DUNNELLON, FL. 34432	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN BERNAL 9365 SW 201ST CIRCLE DUNNELLON, FL. 34432	☑ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 3-1-01 352-489-1621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #