

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90031 041 ****61.25

DOCUMENT # 754208

1. Entity Name
**RAINBOW LAKES COMMUNITY MASTER ASSOCIATION,
INC.**



Principal Place of Business

**3900 WOODLAKE BLVD
STE 309
LAKE WORTH, FL 33463 US**

Mailing Address

**3900 WOODLAKE BLVD
STE 309
LAKE WORTH, FL 33463 US**

40067134



04042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2420159

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD
STE 309
LAKE WORTH, FL 33463**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KONYK, CHELLE
STREET ADDRESS	8840 CICERO DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33472
TITLE	STD
NAME	KRUEGER, DALE
STREET ADDRESS	5369 COURTNEY CIR
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	VPD
NAME	UMBERGER, ED
STREET ADDRESS	8586 BRIAN BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chelle Konyk, Pres
4/14/2008
861-641-8534