

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754208

FILED
Feb 27, 2009
Secretary of State

Entity Name: RAINBOW LAKES COMMUNITY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

3900 WOODLAKE BLVD
STE 309
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

3900 WOODLAKE BLVD
STE 309
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 59-2420159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KONYK, CHELLE
Address: 8840 CICERO DRIVE
City-St-Zip: BOYNTON BEACH, FL

Title: STD () Delete
Name: KRUEGER, DALE
Address: 5369 COURTNEY CIR
City-St-Zip: BOYNTON BEACH, FL

Title: VPD () Delete
Name: UMBERGER, ED
Address: 8586 BRIAN BLVD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BOYER, JEN
Address: 8592 TOURMALINE BLVD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Change (X) Addition
Name: BALDWIN, WALTER
Address: 6147 WINDLASS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Change (X) Addition
Name: BORNSTEIN, ALLEN
Address: 6276 LANSDAM CIR
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHELLE KOYNK

PD

02/27/2009

Electronic Signature of Signing Officer or Director

Date