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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756524 (5)
1. Corporation Name
THE RAINBOWS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4709 RAINBOW DRIVE GREENACRES FL 33463 US	Mailing Address 4709 RAINBOW DRIVE GREENACRES FL 33463 US
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3. Date Incorporated or Qualified 02/26/1981	
4. FEI Number 59-2124996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**DINER, ERWIN
6121 RAINBOW CR
GREENACRES FL 33463**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DINER, ERWIN	
STREET ADDRESS	6121 RAINBOW CR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LILLEY, ELENOR S	
STREET ADDRESS	4725 RAINBOW DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARBOZA, MARIO	
STREET ADDRESS	6109 RAINBOW CR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LECHNER, ANITA	
STREET ADDRESS	6115 RAINBOW CR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JEANETTE	
STREET ADDRESS	4722 RAINBOW DR	
CITY-ST-ZIP	GREENACRES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MACARTHUR, BARBARA
2.3 STREET ADDRESS	4715 Rainbow Drive
2.4 CITY-ST-ZIP	Greenacres, FL
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRICE, MAX
3.3 STREET ADDRESS	6122 Rainbow Circle
3.4 CITY-ST-ZIP	Greenacres, FL
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MUCCI, GEORGE
4.3 STREET ADDRESS	4721 Rainbow Drive
4.4 CITY-ST-ZIP	Greenacres, FL
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BARBOZA, MARIO
5.3 STREET ADDRESS	6109 Rainbow Circle
5.4 CITY-ST-ZIP	Greenacres, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: _____ **ERWIN DINER** 21 JAN 98 434-4624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044674

CR2E037 (10/97)