

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90091 033 \*\*\*\*61.25



|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # 756524</b>   |   |  |  |  |  |
| 1. Entity Name<br><b>THE RAINBOWS HOMEOWNERS ASSOCIATION, INC.</b>   |   |  |  |  |  |
| Principal Place of Business<br>4709 RAINBOW DRIVE<br>GREENACRES, FL 33463 US   |   | Mailing Address<br>4709 RAINBOW DRIVE<br>GREENACRES, FL 33463 US                 |  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |  |  |
| City & State   |   | City & State   |  | 01052007 Chg-NP CR2E037 (12/06)  |  |
| Zip  |   | Country  |  | 4. FEI Number<br>59-2124996  |  |
|  |   |  |  | Applied For<br>Not Applicable  |  |
|  |   |  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 8. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent  |  |  |
| ANDREWS, SARAH<br>6105 RAINBOW COURT<br>GREENACRES, FL 33463   |   |  | Name<br>ASHER, KATHLEEN  |  |  |
|  |   |  | Street Address (P.O. Box Number is Not Acceptable)<br>4713 Rainbow Drive   |  |  |
|  |   |  | City<br>Greenacres FL Zip Code<br>33463  |  |  |
| 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 <i>Kathleen Asher</i><br>KATHLEEN ASHER  |   | PRESIDENT  |  | 25 JANUARY 2007  |  |
| Signature, typed or printed name of registered agent and title if applicable.  |   | (NOTE: Registered Agent signature required when reinstating)                     |  | DATE   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
|  |   |  |  | <b>Make check payable to Florida Department of State</b>                                 |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>ANDREWS, SARAH<br>6105 RAINBOW COURT<br>GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | PD<br>ASHER, KATHLEEN<br>4713 Rainbow Drive<br>Greenacres, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>SCHULTZ, MARGE<br>6119 RAINBOW CIRCLE<br>GREENACRES, FL 33463 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | VP<br>SCHULTZ, MARGE<br>6119 Rainbow Circle<br>Greenacres, FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BARBOZA, MARIO I<br>6109 RAINBOW CIRCLE<br>GREENACRES, FL 33463 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>BARBOZA, MARIO I.<br>6109 Rainbow Circle<br>Greenacres, FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>BLUMENFELD, BEA<br>4703 RAINBOW DRIVE<br>GREENACRES, FL 33463 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | SD<br>BLUMENFELD, BEA<br>4703 Rainbow Drive<br>Greenacres, FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>MCCRACKEN, STANLEY<br>6108 RAINBOW COURT<br>GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>THOMAS, JUANITA<br>6111 RAINBOW circle<br>Greenacres, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KOUTEK, WILLIAM<br>4724 RAINBOW DRIVE<br>GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>MAZUR, CHARLES<br>6102 Rainbow Circle<br>Greenacres, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |  |  |
| 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 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |  |  |
| SIGNATURE: <i>Mario I. Barboza</i><br>MARIO I. BARBOZA   |   | TREASURER  |  | 25 JAN 2007 561-968-5823   |  |
| Signature and typed or printed name of signing officer or director   |   | Date   |  | Daytime Phone #  |  |