

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90016 009 ****61.25

DOCUMENT # 756524

1. Entity 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

Country

Zip

Country

4. FEI Number

59-2124996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHER, KATHLEEN
6105 RAINBOW COURT
GREENACRES FL 33463

Name

WOLLINS, Robert

Street Address (P.O. Box Number is Not Acceptable)

6104 Rainbow Drive

City

GreenAcres,

FL

Zip Code

333463

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

ROBERT WOLLINS

Robert Wollins

Signature, typed or printed name (keep signed agent and file if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME ASHER, KATHLEEN
STREET ADDRESS 4713 RAINBOW DRIVE
CITY- ST- ZIP GREENACRES FL 33463

TITLE VP ☐ Delete
NAME SCHULTZ, MARGE
STREET ADDRESS 6119 RAINBOW CIRCLE
CITY- ST- ZIP GREENACRES FL 33463

TITLE D ☐ Delete
NAME BARBOZA, MARIO I
STREET ADDRESS 6109 RAINBOW CIRCLE
CITY- ST- ZIP GREENACRES FL 33463

TITLE SD ☐ Delete
NAME BLUMENFELD, BEA
STREET ADDRESS 4703 RAINBOW DRIVE
CITY- ST- ZIP GREENACRES FL 33463

TITLE D ☒ Delete
NAME THOMAS, JUANITA
STREET ADDRESS 6111 RAINBOW CIRCLE
CITY- ST- ZIP GREENACRES FL 33463

TITLE D ☐ Delete
NAME MAZUR, CHARLES
STREET ADDRESS 6102 RAINBOW CIRCLE
CITY- ST- ZIP GREENACRES FL 33463

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME WOLLINS, Robert
STREET ADDRESS 6104 Rainbow Drive
CITY- ST- ZIP GreenAcres, FL 33463

TITLE VP ☐ Change ☐ Addition
NAME SCHULTZ, Marge
STREET ADDRESS 6119 Rainbow Circle
CITY- ST- ZIP GreenAcres, FL 33463

TITLE TD ☐ Change ☐ Addition
NAME BARBOZA, Mario
STREET ADDRESS 6109 Rainbow Circle
CITY- ST- ZIP GreenAcres, FL 33463

TITLE SD ☐ Change ☐ Addition
NAME BLUMENFELD, Bea
STREET ADDRESS 4703 Rainbow Drive
CITY- ST- ZIP GreenAcres, FL 33463

TITLE D ☐ Change ☒ Addition
NAME SAFFIR, Leonard
STREET ADDRESS 6137 Rainbow Circle
CITY- ST- ZIP GreenAcres, FL 33463

TITLE D ☐ Change ☒ Addition
NAME MAZUR, Charles
STREET ADDRESS 6102 Rainbow Circle
CITY- ST- ZIP GreenAcres, FL 33463

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]