

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757820

FILED
May 01, 2006
Secretary of State

Entity Name: RAINBOW FARMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2053 BROOKSIDE DR.
SAFETY HARBOR, FL 34695

New Principal Place of Business:

2045 RAINBOW FARMS DRIVE
SAFETY HARBOR, FL 34695

Current Mailing Address:

2053 BROOKSIDE DR.
SAFETY HARBOR, FL 34695

New Mailing Address:

2045 RAINBOW FARMS DRIVE
SAFETY HARBOR, FL 34695

FEI Number: 59-2240532 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, ROBERT L
2053 BROOKSIDE DR.
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

REZENDES, ALICE L
2045 RAINBOW FARMS DRIVE
SAFETY HARBOR, FL 34695 US

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: ALICE L. REZENDES

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BRENNER, BILL
Address: 2059 BROOKSIDE DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD () Delete
Name: LINKFIELD, DONNAE
Address: 2065 BROOKSIDE DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD () Delete
Name: SPIRES, DICK
Address: 2038 RAINBOW FARMS DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD (X) Delete
Name: SMITH, ROBERT L
Address: 2053 BROOKSIDE DR.
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: REZENDES, ALICE L
Address: 2045 RAINBOW FARMS DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP (X) Change () Addition
Name: HEIM, DAVID
Address: 2044 RAINBOW FARMS DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SEC (X) Change () Addition
Name: PIECHOCKI, DEBBIE
Address: 2032 RAINBOW FARMS DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALICE L. REZENDES

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date