

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90030 026 ****61.25

DOCUMENT # 764027
 1. Entity Name
 RAINBOW LAKES VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: C/O SWIFT MGMT & SOLUTIONS, 1750 UNIVERSITY DR. #205, MARGATE, FL 33093 US
 Mailing Address: C/O SWIFT MGMT & SOLUTIONS, 1750 UNIVERSITY DR. #205, MARGATE, FL 33093 US

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01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number: 59-2418609 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SWIFT MANAGEMENT SOLUTIONS
 1750 UNIVERSITY DR. #205
 CORAL SPRINGS, FL 33071

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>VP</i>
NAME	ANDERSON, IRENE
STREET ADDRESS	9243 NW 18TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	<i>SOVP</i>
NAME	ROBERTS, DIANE
STREET ADDRESS	9242 NW 18TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	T <i>DELETE</i>
NAME	HAYWARD, VIVIAN
STREET ADDRESS	9225 NW 14 STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	<i>SD</i>
NAME	BYRON, MARGIE
STREET ADDRESS	9243 NW 12 COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Diane Roberts* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____