

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

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90059 007 \*\*\*\*61.25

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



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

40014200



01072007 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
59-2418609	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**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P
NAME	ROBERTS, DIANE
STREET ADDRESS	9242 NW 18TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	D
NAME	BYRON, MARGIE
STREET ADDRESS	9243 NW 12 COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	YP
NAME	HEFFERNAN, EDITH
STREET ADDRESS	9260 NW 18th STR.
CITY-ST-ZIP	PEMBROKE PINES, FL, 33024
TITLE	T
NAME	JONES, DEA
STREET ADDRESS	9268 NW 18 STR.
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	S
NAME	TWARDZIK, LAURA
STREET ADDRESS	1720 NW 92 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL, 33024

**DO NOT WRITE IN THIS SPACE**

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* **DIANE ROBERTS**      2/1/07      954-658 2917  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #