

# 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  
**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**

40012400



01072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
ROBERTS, DIANE  
9242 NW 18TH ST  
PEMBROKE PINES, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
BYRON, MARGIE  
9243 NW 12 COURT  
PEMBROKE PINES, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
HEFFERNAN, EDITH  
9260 NW 18th STR.  
PEMBROKE PINES, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T  
JONES, DEA  
9268 NW 18 STR.  
PEMBROKE PINES, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
TWARDZIK, LAURA  
1720 NW 92 AVE  
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/1/07 954-658  
2917**