


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90016 044 \*\*\*\*61.25

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # 764027</b>   |   |   |   |
| 1. Entity Name<br><b>RAINBOW LAKES VILLAS HOMEOWNERS ASSOCIATION, INC.</b>   |   |  |   |
| Principal Place of Business<br><b>C/O SWIFT MGMT &amp; SOLUTIONS<br/>         1750 UNIVERSITY DR. #205<br/>         MARGATE, FL 33093 US</b>   |   | Mailing Address<br><b>C/O SWIFT MGMT &amp; SOLUTIONS<br/>         1750 UNIVERSITY DR. #205<br/>         MARGATE, FL 33093 US</b> |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |
| City & State   |   | City & State   |   |
| Zip  | Country   | Zip  | Country   |
|  |   | 01072008 Chg-NP  | CR2E037 (12/06)   |
|  |   | 4. FEI Number<br><b>59-2418609</b>   | Applied For<br><input type="checkbox"/> Not Applicable  |
|  |   | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>   |
| <b>6. Name and Address of Current Registered Agent</b>   |   | <b>7. Name and Address of New Registered Agent</b>   |   |
| <b>SWIFT MANAGEMENT SOLUTIONS<br/>         1750 UNIVERSITY DR. #205<br/>         CORAL SPRINGS, FL 33071</b>   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code  |   |
| 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 _____  |   |  |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>  |
|  |   | <b>Make check payable to Florida Department of State</b>   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>ANDERSON, IRENE<br>9243 NW 18TH STREET<br>PEMBROKE PINES, FL <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>Edward, Cervero<br>1761 NW 92nd Avenue<br>Pembroke Pines, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>ROBERTS, DIANE<br>9242 NW 18TH ST<br>PEMBROKE PINES, FL <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>Twardzik, Laura<br>1720 NW 82nd Avenue<br>Pembroke Pines, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>BYRON, MARGIE<br>9243 NW 12 COURT<br>PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>Davis, Gerald<br>9249 NW 17th Court<br>Pembroke Pines, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>HEFFERNAN, EDITH<br>9250 NW 18TH ST<br>PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>Jones, Bea<br>9266 NW 18th Street<br>Pembroke Pines, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>JONES, BEA<br>9268 NW 18 TERRACE<br>PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>TWARDZIK, LAURA<br>1720 NW 82 AVE<br>PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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: <i>Miro Imamovic</i>  |   | Date: <i>5/7/08</i>  | Daytime Phone #: <i>914-275-0023</i>  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date   | Daytime Phone #   |