

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Myrdam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # K51629 (9)

1. Corporation Name

THE ESTATES AT RAINBOW LAKES, INC.

11 MAY - 1 JUN 96

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT 11010000000000000000

2. Principal Office of Corporation		2a. Mailing Address	
7200 W. CAMINO REAL SUITE 104 BOCA RATON FL 33433 US		7200 W. CAMINO REAL 104 BOCA RATON FL 33433 US	
21	22	23	24
25	26	27	28
29	30	31	32

3. Date Incorporated or Qualified	3a. Date of Last Report
12/15/1988	04/26/1994
4. FIC Number	Applied For Not Applicable
65-0098057	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Director Campaign Disclosures	\$5.00 May Be Added to Fees
7. Does corporation have any subsidiaries or divisions?	
Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PUDER, MICHAEL S
7200 W. CAMINO REAL
SUITE 104
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the Department of State, and that the same are true and correct to the best of my knowledge and belief.

12. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the Department of State, and that the same are true and correct to the best of my knowledge and belief.

13. Name	PST PUDER, MICHAEL S. 7200 W. CAMINO REAL, 104 BOCA RATON FL
14. Address	D PUDER, MICHAEL S. 7200 W. CAMINO REAL, 104 BOCA RATON FL
15. City	
16. State	
17. Zip Code	
18. Name	
19. Address	
20. City	
21. State	
22. Zip Code	
23. Name	
24. Address	
25. City	
26. State	
27. Zip Code	
28. Name	
29. Address	
30. City	
31. State	
32. Zip Code	

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the Department of State, and that the same are true and correct to the best of my knowledge and belief.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 402-22-4111