

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K51629 (9)

1. Corporation Name

THE ESTATES AT RAINBOW LAKES, INC.

Principal Place of Business

Mailing Address

7200 W. CAMINO REAL  
SUITE 104  
BOCA RATON FL 33433  
US

7200 W. CAMINO REAL  
104  
BOCA RATON FL 33433  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1988

4. FEI Number

65-0098057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 7978 Laina Lane

26 90 M. Puder

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #3

27 8419 Twin Lake Dr.

City & State

City & State

23 Boynton Beach, FL

28 Boca Raton, FL

Zip

Country

Zip

Country

24 33437

25 USA

29 33496

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8419 Twin Lake Dr.

83

84 City

Boca Raton

FL

85 Zip Code

33496

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME PUDER, MICHAEL S.  
STREET ADDRESS 7200 W. CAMINO REAL, 104  
CITY-ST-ZIP BOCA RATON FL

1.2 NAME  
1.3 STREET ADDRESS 8419 Twin Lake Dr.  
1.4 CITY-ST-ZIP Boca Raton, FL 33496

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME PUDER, MICHAEL S.  
STREET ADDRESS 7200 W. CAMINO REAL, 104  
CITY-ST-ZIP BOCA RATON FL

2.2 NAME  
2.3 STREET ADDRESS 8419 Twin Lake Dr.  
2.4 CITY-ST-ZIP Boca Raton, FL 33496

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or of an attachment with an address.

SIGNATURE:

4/20/98

(561) 477-0404

CR2E034 (10/97)