

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000850

1. Entity Name
RAINBOW RIDGE UNIT 5 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2816 JAN-MAR DR.
AUBURNDALE, FL 33823**

Mailing Address
**2816 JAN-MAR DR.
AUBURNDALE, FL 33823**



02202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3707925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HELMS, J.C.
2816 JAN-MAR DR.
AUBURNDALE, FL 33823**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000483018
04/11/06-80097-026 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HELMS, MARK J
2816 JAN-MAR DR.
AUBURNDALE, FL 33823**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
HELMS, J.C.
2816 JAN-MAR DR.
AUBURNDALE, FL 33823**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, BETTY R
2815 JAN-MAR DR.
AUBURNDALE, FL 33823**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
CAROL, KURENT A
2813 MURCOT ST.
AUBURNDALE, FL 33823**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: Mark J. Helms MARK J. HELMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-06 863-967-7716

Date

Daytime Phone #