

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000004328

1. Entity Name  
RAINBOW VILLAGE, WYNWOOD & TOWN PARK  
RESIDENT COUNCIL INC



Principal Place of Business  
2140 N.W. 3RD AVENUE  
MIAMI, FL 33127

Mailing Address  
2140 N.W. 3RD AVENUE  
MIAMI, FL 33127

**DO NOT WRITE IN THIS SPACE**



07232008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
35-2230321

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WILLIAMS, ANGELA  
2140 N.W. 3RD AVENUE  
MIAMI, FL 33127

**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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME WILLIAMS, ANGELA  
STREET ADDRESS 36 N.W. 26TH STREET  
CITY-ST-ZIP MIAMI, FL 33127

TITLE VP  
NAME VANCE, MICHAEL  
STREET ADDRESS 403 N.W. 33RD STREET  
CITY-ST-ZIP MIAMI, FL 33127

TITLE T  
NAME STEWART, EDDIE B  
STREET ADDRESS 324 N.W. 22ND STREET  
CITY-ST-ZIP MIAMI, FL 33127

TITLE RS  
NAME COVINGTON, NATALIE  
STREET ADDRESS 504 N.W. 33RD STREET  
CITY-ST-ZIP MIAMI, FL 33127

TITLE CS  
NAME ADKER, LISA  
STREET ADDRESS 350 N.W. 22ND STREET  
CITY-ST-ZIP MIAMI, FL 33127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000957570  
08/11/08-80006-006 70.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/08

Date

305 576-1859

Daytime Phone #