

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08425

FILED
Apr 13, 2009
Secretary of State

Entity Name: RAINBOW FARMS NORTH HOMEOWNERS ASS'N, INC.

Current Principal Place of Business:

1723 TALL PINE CIRCLE
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

1810 PINE HILL DR
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

3040 TALL PINE DRIVE
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 59-2686509 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOUCY, ELEANOR
3040 TALL PINE DRIVE
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SOUCY, ELEANOR
Address: 3040 TALL PINE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: KEARNS, CONRAD
Address: 3015 TALL PINE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P () Delete
Name: JOHN, RICE
Address: 1723 TALL PINE CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: KRAFT, PATRICIA
Address: 3032 RAINBOW COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: CONSTANTINE, DEBRA
Address: 1818 PINE HILL DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: TIPPS, CAROL
Address: 1730 PINE HILL CRT
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WHALEN, CHRISTINE
Address: 1730 PINE CREEK CT.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P (X) Change () Addition
Name: RENEE, MONROE
Address: 1810 PINE HILL DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR SOUCY

T

04/13/2009

Electronic Signature of Signing Officer or Director

Date