

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:25

DOCUMENT # N20147 (7)
1. Corporation Name
RAINBOW MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
37924 CORNFLOWER AVE. 37924 CORNFLOWER AVE.
ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1987 3a. Date of Last Report 03/08/1994

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
MCLAUGHLIN, JAMES
37924 CORNFLOWER AVE
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME TITCOMBE, JEAN
STREET ADDRESS 37929 CORNFLOWER AVE.
CITY-ST-ZIP ZEPHYRHILLS FL
TITLE V
NAME DOCTEUR, RICHARD
STREET ADDRESS 7030 MAROON ST.
CITY-ST-ZIP ZEPHYRHILLS FL
TITLE ST
NAME MCLAUGHLIN, JAMES
STREET ADDRESS 37924 CORNFLOWER AVE.
CITY-ST-ZIP ZEPHYRHILLS FL
TITLE D
NAME ALBAUGH, GEORGETTA
STREET ADDRESS 7019 CAMEL DR.
CITY-ST-ZIP ZEPHYRHILLS FL
TITLE D
NAME OKREPKE, WALTER
STREET ADDRESS 7015 MINT ST.
CITY-ST-ZIP ZEPHYRHILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME V ED MUNDY
2.3 STREET ADDRESS 37925 EGGSHELL DR.
2.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33541
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham JAMES H. MCLAUGHLIN MARCH 4, 1995 813-783-1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in 11 Case #)