

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N20147** (7)

1. Corporation Name  
**RAINBOW MOBILE HOME OWNERS ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **04/15/1987**  
3a. Date of Last Report: **03/09/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		<b>NOT APPLICABLE</b>	Not Applicable
22. Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Zip	Country	29. Zip	Country
25. Zip	Country	30. Zip	Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**10. Name and Address of New Registered Agent**

**MCLAUGHLIN, JAMES  
37924 CORNFLOWER AVE  
ZEPHYRHILLS FL 33541**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TITCOMBE, JEAN</b>	1.2 NAME	
STREET ADDRESS	<b>37929 CORNFLOWER AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNDY, ED</b>	2.2 NAME	
STREET ADDRESS	<b>37925 EGGSHELL DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLAUGHLIN, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>37924 CORNFLOWER AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBAUGH, GEORGETTA</b>	4.2 NAME	<b>BETTY LARSEN</b>
STREET ADDRESS	<b>7019 CAMEL DR.</b>	4.3 STREET ADDRESS	<b>7023 CAMEL DR</b>
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	4.4 CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33541</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OKREPKE, WALTER</b>	5.2 NAME	<b>DORIS OKREPKE</b>
STREET ADDRESS	<b>7015 MINT ST.</b>	5.3 STREET ADDRESS	<b>7015 MINT ST.</b>
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	5.4 CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33541</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: James H. McLaughlin **JAMES H. MCLAUGHLIN** **2/29/96** **813-783-1214**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)