

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Wortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20147** (7)  
1. Corporation Name  
**RAINBOW MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>37924 CORNFLOWER AVE. ZEPHYRHILLS FL 33541 US</b>	Mailing Address <b>37924 CORNFLOWER AVE. ZEPHYRHILLS FL 33541 US</b>
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3. Date Incorporated or Qualified <b>04/15/1987</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

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

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAVBURN, DORIS</b>	1.2 NAME	<b>PAT McDONALD</b>
STREET ADDRESS	<b>37929 CORNFLOWER AVE.</b>	1.3 STREET ADDRESS	<b>7023 MINT ST.</b>
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	1.4 CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33541</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBAUGH, GEORGETTA</b>	2.2 NAME	
STREET ADDRESS	<b>7019 CAMEL DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLAUGHLIN, JAMES</b>	3.2 NAME	<b>BETTY M. SCHERER</b>
STREET ADDRESS	<b>37924 CORNFLOWER AVE.</b>	3.3 STREET ADDRESS	<b>7023 CAMEL DR.</b>
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	3.4 CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33541</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARSEN, BETTY</b>	4.2 NAME	<b>LYLE THOMAS</b>
STREET ADDRESS	<b>7023 CAMEL DRIVE</b>	4.3 STREET ADDRESS	<b>37906 CORNFLOWER AVE.</b>
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	4.4 CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33541</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OKREPKE, DORIS</b>	5.2 NAME	
STREET ADDRESS	<b>7015 MINT STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	5.4 CITY-ST-ZIP	
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	

CFR2037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Betty M. Scherer* **BETTY M. SCHERER** 3-21-98 813-782-5325