


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90206 021 ****61.25

DOCUMENT # N20147					
1. Entity Name RAINBOW MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 37929 EGGSHELL DR ZEPHYRHILLS, FL 33541-7671 US			Mailing Address 691 BRIGGS HILL RD NICHOLS, NY 13812 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOYLE, NAOMI 37929 EGGSHELL DRIVE ZEPHYRHILLS, FL 33541			Name <u>Therman Preston</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>37915 Eggshell Drive</u>		
			City <u>Zephyrhills</u>		Zip Code <u>FL 33541</u>
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 <u>Therman Preston</u>		<u>Therman Preston</u>		DATE <u>4/26/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULL, MARLENE		NAME	Joe Fournia	
STREET ADDRESS	37914 EGGSHELL DRIVE		STREET ADDRESS	37911 Eggshell Drive	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOURNIA, JOE		NAME	Therman Preston	
STREET ADDRESS	37911 EGGSHELL DR		STREET ADDRESS	37915 Eggshell Drive	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ED		NAME	Sylvia Mainville	
STREET ADDRESS	7022 MAROON ST.		STREET ADDRESS	5147 Jennifer Drive	
CITY-ST-ZIP	ZEPHYRHILLS, FL 335417671		CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC DONALD, PATRICIA		NAME	Edward Roberts	
STREET ADDRESS	7023 MINT ST		STREET ADDRESS	37906 Eggshell Dr.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMGLEY, ROBERT		NAME	Donal Huff	
STREET ADDRESS	37906 CORNFLOWER AVE		STREET ADDRESS	7026 Maroon St	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, LILA		NAME		
STREET ADDRESS	691 BRIGGS HILL RD		STREET ADDRESS		
CITY-ST-ZIP	NICHOLS, NY 13812		CITY-ST-ZIP		
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: <u>Lila Mae Hall</u>		<u>4/19/08</u>		813-780-6883 607-687-2332	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	