

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90070 029 ****61.25

CR2E037

DOCUMENT # N20147

1. Entity Name
RAINBOW MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

37910 EGG SHELL DR **37910 EGG SHELL DR**
ZEPHYRHILLS FL 33541-7671 **ZEPHYRHILLS FL 33541-7671**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCLAUGHLIN, JAMES
37910 EGG SHELL DR
ZEPHYRHILLS FL 33541-7671

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTS, EDWARD	
STREET ADDRESS	37906 EGG SHELL DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATHBUN, ALDEN	
STREET ADDRESS	7026 MAROON STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, JAMES	
STREET ADDRESS	37910 EGG SHELL DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541-7671	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGLISH, MAUREEN	
STREET ADDRESS	7007 CAMEL DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, RICHARD	
STREET ADDRESS	37915 CORNFLOWER AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIS OKREPKIE	
STREET ADDRESS	7015 MINT ST.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *JAMES MCLAUGHLIN* **3/10/03** **813-783-1214**

CR2E037 (10/02)