


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90019 013 ****70.00

DOCUMENT # N20497 1. Entity Name RAINBOW SPRINGS VILLA ASSOCIATION NO. 1, INC.					
Principal Place of Business 9334 S W 192ND CT RD DUNNELLO, FL 34432 US			Mailing Address 9334 S W 192ND CT RD DUNNELLO, FL 34432 US		
2. Principal Place of Business P.O. Box 2717		3. Mailing Address P.O. Box 2717			
City & State Dunnellon, Fl. 34430		City & State Dunnellon, Fl. 34430		4. FEI Number 58-1740308	
Zip US		Zip US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROCCO, WILLIAM J 9334 S W 192ND CT RD DUNNELLO, FL 34432				7. Name and Address of New Registered Agent Name Alma M. Dollar Street Address (P.O. Box Number is Not Acceptable) 9101 S.W. 190th Ct. City Dunnellon FL 34432	
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>ALMA M. DOLLAR</u> <u>Alma M. Dollar</u> <u>3/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete ROCCO, WILLIAM J 9334 S W 192ND CT RD DUNNELLO, FL 34432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete GESEK, JOAN 19070 S W 91ST STREET DUNNELLO, FL 34432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete DOLLAR, ALMA 9101 S W 190TH COURT DUNNELLO, FL 34432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GESEK, DONALD 19070 SW 91 STREET DUNNELLO, FL 34432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KEMP, DAVID 8910 SW 192ND CT ROAD DUNNELLO, FL 34432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DANIELE, JOSPEH 9160 S W 192ND CT RD DUNNELLO, FL 34432				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alma M. Dollar 9101 S.W. 190th Ct. Dunnellon, Fl. 34432					
S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donald Meehan 9306 S.W. 192nd Ct. Rd Dunnellon, Fl. 34432					
DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donald Meehan 9306 S.W. 192nd Ct. Rd Dunnellon, Fl. 34432					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Alma M. Dollar</u> <u>Alma M. Dollar</u> <u>3/11/05</u> <u>352-465-2701</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					