

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90053 002 ****70.00

DOCUMENT # N20497

1. Entity Name
RAINBOW SPRINGS VILLA ASSOCIATION NO. 1, INC.



Principal Place of Business
P.O. BOX 2717
DUNNELLON, FL 34430 US

Mailing Address
P.O. BOX 2717
DUNNELLON, FL 34430 US

40001549



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

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
58-1740308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLLAR, ALMA M
9101 SW 190TH CT
DUNNELLON, FL 34432

Name **Robert Root**

Street Address (P.O. Box Number is Not Acceptable)
8940 S.W. 192 Ct. Rd.

City **Dunnellon**

FL Zip Code **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

Robert Root *Robert L. Root*

1/9/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME DOLLAR, ALMA M
STREET ADDRESS 9101 SW 190TH CT
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE PD ☐ Change ☒ Addition
NAME **Robert Root**
STREET ADDRESS **8940 S.W. 192 Ct. Rd.**
CITY-ST-ZIP **Dunnellon, FL. 34432**

TITLE S ☐ Delete
NAME GESEK, JOAN
STREET ADDRESS 19070 SW 91ST STREET
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE TD ☐ Change ☒ Addition
NAME **David Priest**
STREET ADDRESS **8755 S.W. 192 Ct. Rd.**
CITY-ST-ZIP **Dunnellon, FL. 34432**

TITLE DV ☐ Delete
NAME MEEHAN, DONALD
STREET ADDRESS 9306 SW 192ND CT RD
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GESEK, DONALD
STREET ADDRESS 19070 SW 91 STREET
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KEMP, DAVID
STREET ADDRESS 8910 SW 192ND CT ROAD
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Robert Root *Robert L. Root*

1/9/07

352-489-6097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #