2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 12, 2007 8:00 am Secretary of State DOCUMENT # N21725 03-12-2007 90364 047 ****61.25 RAINBOW HILLS ESTATES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 3444 P.O. BOX 3444 SPRING HILL, FL 34611 SPRING HILL, FL 34611 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-2904663 City & State Applied For Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Shuste WEEKS, CHARLES 8418 LAKE HILL CT Street Address (P.O. Box Number is Not Acceptable) SPRING HILL, FL 34608 125 Oak lake 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 Kim 3-10-07 9. Election Campaign Financing \$5.00 May Be Filling Fee is \$61.25 Make check payable to Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VD D Delete Robert Watton - Vice President Thange TITLE tm e SHUSTER, KIM NAME 125 OAK LAKE DR 129 Oak Lake Dr STREET ADDRESS STREET ADDRESS Spring Hill, Fl. 34608 Dennis Ballard-Secretary CITY-ST-ZIP SPRING HILL, FL 34608 CTTY-ST-7IP Detete me ☐ Addition NAME TIMBERLAKE, SUSAN NAME 175 Oak Lake Dr. Spring Hill FL. 34608 132 OAK LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34608 CUTY-ST-70P TD IIILE Delete TITLE Kim Shuster-President Change ☐ Addition PALLO, LINDA NAME NAME 125 Oak lake Dr. STREET ADDRESS 181 OAK LAKE DR STREET ADDRESS CTTY-ST-ZIP SPRING HILL, FL 34608 CITY-ST-ZIP TIME ₽Đ Delete TITHE ☐ Change ☐ Addition WEEKS, CHARLES NAME STREET ADDRESS 8418 LAKE HILL CT STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34608 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition SHELLABARGER, JON MAG NAME STREET ADDRESS 204 OAK LAKE DR STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34608 CITY-ST-76 10LE Detete HILF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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 charged, or on an attachment with an address, with all other like empowered.