

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25407** (0)
1. Corporation Name
RAINBOW WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3316 AUGUSTINE RD.
P.O. BOX 5751
SPRING HILL FL 34609-9107

Mailing Address

3316 AUGUSTINE RD.
P.O. BOX 5751
SPRING HILL FL 34609-9107



2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

3. Date Incorporated or Qualified 03/14/1988	3a. Date of Last Report 03/27/1995
4. FEI Number 59-2952024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MAIORINO, ANGELO
11972 CONWAY STREET
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81	Name	MARLIESE YASKULSKI
82	Street Address (P.O. Box Number is Not Acceptable)	11394 LONGHILL CT.
83		
84	City	SPRING HILL
85	Zip Code	FL 34609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Marliese Yaskulski*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when reinstating)

APR-1-96
DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	MAGUIRE, GEORGE	11331 ORANGEWOOD CT	SPRING HILL FL	
VP	RYAN, EDWARD	11316 ORANGEWOOD COURT	SPRINGHILL FL	
TD	MAIORINO, ANGELO	11972 CONWAY ST	SPRING HILL FL	
SD	GRELLA URSULA	11346 LONGHILL COURT	SPRING HILL FL	
D	NOLAN KEVIN	11295 LONGHILL COURT	SPRINGHILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	DESEATO, PATRICIA K.	11341 ORANGEWOOD CT	SPRING HILL, FL 34609	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
KVP	KEVIN NOLAN	11295 LONG HILL CT	SPRING HILL FL	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	MARLIESE YASKULSKI	11394 LONG HILL CT	SPRING HILL, FL	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
URSULA GRELLA		11346 LONG HILL CT	SPRING HILL FL 34609	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Director	Calvin R. McHuron	11363 Orangewood Ct.	Spring Hill, FL 34609	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marliese Yaskulski
April 1, 96 352-688-3744

CR2E037 (12/95)