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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N25407			
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P.O. Box 5751 27 Suite, Apt. #, etc. 28 SPRING HILL FL 29 Zip 34611 30 Country	
3. Date Incorporated or Qualified 03/14/1988		4. FEI Number 59-2952024	
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	
9. Name and Address of Current Registered Agent YASKULSKI, MARIESE 11394 LONGHILL COURT SPRING HILL FL 34609		10. Name and Address of New Registered Agent 81 Name JOYCE COLOMBO 82 Street Address (P.O. Box Number is Not Acceptable) 11312 RAINBOW WOODS LOOP 83 84 City SPRING HILL FL 85 Zip Code 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 <u>Joyce Colombo</u> JOYCE COLOMBO 01/22/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME DESERTO, PATRICIA K. STREET ADDRESS 11347 ORANGEWOOD COURT CITY-ST-ZIP SPRING HILL FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VP NAME TERESA MEA STREET ADDRESS 11395 ORANGEWOOD CT CITY-ST-ZIP SPRING HILL FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE TD NAME YASKULSKI MARIESE STREET ADDRESS 11394 LONGHILL CT CITY-ST-ZIP SPRING HILL FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE SD NAME GRELLA, URSULA STREET ADDRESS 11346 LONGHILL COURT CITY-ST-ZIP SPRING HILL FL		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D NAME ROSE NARDELLO STREET ADDRESS 11395 LONGHILL CT CITY-ST-ZIP SPRING HILL FL		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE TD NAME YASKULSKI, MARIESE STREET ADDRESS 11394 LONG HILL COURT CITY-ST-ZIP SPRING HILL FL		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Joyce Colombo SIGNATURE REQUIRED: Joyce Colombo 01/22/99 (352) 684-1890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #