

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90055 046 ****70.00

DOCUMENT # N25407 1. Entity Name RAINBOW WOODS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3316 AUGUSTINE RD. P.O. BOX 5751 SPRING HILL, FL 34609-9107			Mailing Address P O BOX 5751 SPRING HILL, FL 34611		
2. Principal Place of Business 3346 Augustine Rd Suite, Apt. #, etc. Spring Hill FL City & State 34609 USA			3. Mailing Address 3346 Augustine Rd Suite, Apt. #, etc. Spring Hill FL City & State 34609		
4. FEI Number 59-2952024		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		02132004 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent CHUDоба, GEORGE A 12026 CONWAY ST. SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name GRAVISH, DARLENE Street Address (P.O. Box Number is Not Acceptable) 3352 Augustine Rd City Spring Hill FL Zip Code 34609		
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><i>Darlene Gravish</i></u> Treasurer <u><i>2/18/04</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	P RAY, TERESA 11323 COUNTRYWOOD COURT SPRING HILL, FL 34609	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bentley, Bonnie 12021 Conway St. Spring Hill FL 34609	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HART, RANCE 11290 COUNTRYWOOD CR. SPRING HILL, FL 34609	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President George Maguire 11331 Orangewood Ct Spring Hill FL 34609	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANCESCHINA, ALICE 11364 ORANGEWOOD CT SPRING HILL, FL 34609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVISH, DARLENE 3352 AUGUSTINE RD. SPRINGHILL, FL 34609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, ROBERT 11306 LONG HILL COURT SPRING HILL, FL 34609	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Susan Longman 11390 Dossy Hill Cir Spring Hill FL 34609	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ 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><i>Darlene Gravish</i></u> Darlene Gravish <u><i>2/18/04</i></u> 352 - 683-0936 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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