2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25407

FILED Jun 01, 2007 Secretary of State

Entity Name: RAINBOW WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3346 AUGUSTINE RD SPRING HILL, FL 346099107 **Current Mailing Address: New Mailing Address:** 3346 AUGUSTINE RD SPRING HILL, FL 346099107 FEI Number: 59-2952024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAVISH, DARLENE 3352 AUGUSTINE RD SPRING HILL, FL 34609 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LACEY, DURHAM WELSH, ANGELA Name: Name: 11201 RAINBOW WOODS LOOP Address: 11323 COUNTRYWOOD CT Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: SPRING HILL, FL 34609 Title: () Delete Title: (X) Change () Addition Name: WELSH, ANGELA Name: LANDI, KATHY Address: 11323 COUNTRYWOOD CT Address: 11208 RAINBOW WOODS LOOP City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: SPRING HILL, FL 34609 Title: () Delete Title: () Change () Addition FRANCESCHINA, ALICE Name: Name: 11364 ORANGEWOOD CT Address: Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GRAVISH, DARLENE Name: Address: 3352 AUGUSTINE RD. Address: City-St-Zip: SPRINGHILL, FL 34609 City-St-Zip: Title: () Delete Title: (X) Change () Addition LANDI, KATHLEEN BELLUM, MARLYN Name: Name: 11208 RAINBOW WOODS LOOP 11230 RAINBOW WOODS LOOP Address: Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE GRAVISH Т 06/01/2007