2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25407

FILED Apr 28, 2008 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 3346 AUGUSTINE ROAD SPRING HILL, FL 346099107 SPRING HILL, FL 34609 FEI Number: 59-2952024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GRAVISH, DARLENE WELSH, ANGELA 3352 AUGUSTINE RD 11323 COUNTRYWOOD COURT SPRING HILL, FL 34609 US SPRING HILL, FL 34609 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: ANGELA WELSH 04/28/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WELSH, ANGELA Name: Name: 11323 COUNTRYWOOD CT Address: Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: Title: Title: (X) Change () Addition () Delete LANDI, KATHY Name: BELLUM, MARLYN Name: Address: 11208 RAINBOW WOODS LOOP Address: 11256 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: (X) 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 BELLUM, MARLYN SULLIVAN, MARY Name: Name: 11230 RAINBOW WOODS LOOP 11378 LONG HILL COURT 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: ANGELA WELSH **PRES** 04/28/2008