

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

04-26-2007 90232 046 ****61.25

DOCUMENT # N25530 1. Entity Name COLORS AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O VICTORY ACCTG. SVCS. P.O. BOX 24-3214 BOYNTON BEACH, FL 33424-3214 US			Mailing Address C/O VICTORY ACCTG. SVCS. P.O. BOX 24-3214 BOYNTON BEACH, FL 33424-3214 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0033661	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEICHT, VICKI 1375 GATEWAY BLVD BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD BOYER, JENNIFER 8552 TOURMALINE BLVD BOYNTON BEACH, FL 33437	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Liz Voelbringer Director 8666 Tourmaline Blvd. Boynton Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KONYK, APELE 8529 TOURMALINE BLVD BOYNTON BEACH, FL 33437	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Pearlman Treasurer 5930 Citrus Ct. Boynton Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTELSON, JOAN 8606 TOURMALINE BOYNTON BEACH, FL 33437	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan Majak Director 8572 Tourmaline Blvd. Boynton Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jennifer Boyer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 4/23/07 Daytime Phone #: 561-737-5229	

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