

# FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N26639 (7)**

1. Corporation Name  
**BAYBRIDGE AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O CMD MGT. INC. 6082 JOG ROAD LAKE WORTH FL 33467</b>	Mailing Address <b>C/O CMD MGT. INC. 6082 JOG ROAD LAKE WORTH FL 33467</b>
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3. Date Incorporated or Qualified <b>05/26/1988</b>	3a. Date of Last Report <b>10/23/1995</b>
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2. Principal Place of Business 21 <b>C/O CMD MANAGEMENT</b>	2a. Mailing Address 26 <b>C/O CMD MANAGEMENT</b>	4. FEI Number <b>65-0150750</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc. <b>3082 JOG ROAD</b>	27 Suite, Apt. #, etc. <b>3082 JOG ROAD</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State <b>LAKE WORTH, FL 33467</b>	28 City & State <b>LAKE WORTH, FL 33467</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>33467</b>	25 Country	29 Zip <b>33467</b>	30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ROSENTHAL, DAVID C  
C/O CMD MANAGEMENT, INC.  
3082 JOG ROAD  
LAKE WORTH FL 33467**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when amending) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>BLACK, ROBERT</b> <input type="checkbox"/> DELETE	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>6228 LANSDOWNE CIRCLE</b>	1.2 NAME	
STREET ADDRESS	<b>BOYNTON BEACH FL 33437</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>FRICKER, JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>6328 LANSDOWNE CIRCLE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>DWYER, CONNIE</b>	3.2 NAME	
STREET ADDRESS	<b>6253 LANSDOWNE CIRCLE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>SWENSEN, SEVERIN</b>	4.2 NAME	
STREET ADDRESS	<b>6216 LANSDOWNE CIRCLE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>YOUNG, STEVE</b>	5.2 NAME	
STREET ADDRESS	<b>8901 DELL DRIVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>CICERO, PAUL</b>	6.2 NAME	
STREET ADDRESS	<b>6148 LANSDOWNE CIR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Day/Year, Phone # \_\_\_\_\_

CR2E037 (12/95)