


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26639 (7)

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



Principal Place of Business C/O ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DIXIE HIGHWAY, SUITE 10 LAKE WORTH FL 33460 US	Mailing Address C/O ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DIXIE HIGHWAY, SUITE 10 LAKE WORTH FL 33460 US
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3. Date Incorporated or Qualified 05/26/1988	
4. FEI Number 65-0150750	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
400 SOUTH DIXIE HWY.
SUITE 10
LAKE WORTH FL 33640**

10. Name and Address of New Registered Agent

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPD	<input type="checkbox"/> DELETE
NAME	SWENSON, SEVERIN	
STREET ADDRESS	216 LANDSDOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	RAYNOR, MARK	
STREET ADDRESS	356 LANDSDOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WARNER, PAUL	
STREET ADDRESS	152 LANDSDOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ROLDAN, JUAN M	
STREET ADDRESS	8881 ODELL CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNDTSON, WALLACE	
STREET ADDRESS	6413 LANDSDOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 _____ DATE _____

CP2E037 (10/97)