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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26639

1. Corporation Name

BAYBRIDGE AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/26/1988

4. FEI Number

65-0150750

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPB	<input type="checkbox"/> DELETE
NAME	SWENSON, SEVERIN	
STREET ADDRESS	6216 LANDSDOWNE CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	RAYNOR, MARK	
STREET ADDRESS	6356 LANDSDOWNE CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WARNER, PAUL	
STREET ADDRESS	6152 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	BERNATSON, 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	Lillie, Michael	
1.3 STREET ADDRESS	6420 Landsdowne Circle	
1.4 CITY-ST-ZIP	BB, FL	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hecker, Sheila	
3.3 STREET ADDRESS	8893 Odell Drive	
3.4 CITY-ST-ZIP	BB, FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bariletti, Al	
4.3 STREET ADDRESS	6197 Landsdowne Circle	
4.4 CITY-ST-ZIP	BB, FL	
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Zucaro, Gloria	
5.3 STREET ADDRESS	6205 Landsdowne Circle	
5.4 CITY-ST-ZIP	BB, FL	
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, with all other like empowered.

SIGNATURE: SHEILA HECKER SIGNATURE REQUIRED Hecker, Sheila, Inc. 1-21-99 (86) 369-0980
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)