

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90036 037 ****61.25

DOCUMENT # N26639

1. Entity Name

BAY ESTATES AT RAINBOW LAKES HOMEOWNERS ASSOCIAT

Principal Place of Business

Mailing Address

C/O ASSOCIATED PROPERTY MANAGEMENT
 400 SOUTH DIXIE HIGHWAY, SUITE 10
 LAKE WORTH FL 33460
 US

C/O ASSOCIATED PROPERTY MANAGEMENT
 400 SOUTH DIXIE HIGHWAY, SUITE 10
 LAKE WORTH FL 33460-4455
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0150750

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	B	<input type="checkbox"/> Delete
NAME	LILLIE, MICHAEL	
STREET ADDRESS	6420 LANSLOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	BVP	<input type="checkbox"/> Delete
NAME	RAYNOR, MARK	
STREET ADDRESS	6356 LANSLOWNE CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HECKER, SHEILA	
STREET ADDRESS	U8893 ODELL DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARILETTI, AL	
STREET ADDRESS	6197 LANSLOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZUCATO, GLORIA	
STREET ADDRESS	6205 LANSLOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Dean	
STREET ADDRESS	6660 Lansdowne Circle	
CITY-ST-ZIP	BB - FL	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte Freeman	
STREET ADDRESS	6264 Lansdowne Circle	
CITY-ST-ZIP	BB - FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Lisi	
STREET ADDRESS	8920 Aubrey Lane	
CITY-ST-ZIP	BB - FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

12. 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 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: Sheila Hecker, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #