

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90307 008 \*\*\*\*61.25

**DOCUMENT # N26639**

1. Entity Name  
**BAY ESTATES AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.**

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 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 <b>65-0150750</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DEAN, RICHARD	
STREET ADDRESS	6280 LANSDOWNE CIR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, CHARLOTTE	
STREET ADDRESS	6264 LANSDOWNE CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HECKER, SHEILA	
STREET ADDRESS	U8893 ODELL DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZUCATO, GLORIA	
STREET ADDRESS	6205 LANSDOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNLAP, PATTI	
STREET ADDRESS	8892 BOEZI DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bornstein, Allen S.	
STREET ADDRESS	6276 Lansdowne Circle	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McClellan, Gerald	
STREET ADDRESS	8925 Aubrey Lane	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goodman, Theresa	
STREET ADDRESS	8908 Aubrey Lane	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hanna, Greg	
STREET ADDRESS	6265 Lansdowne Circle	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dunlap, Patti	
STREET ADDRESS	8892 Boezi Drive	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Allen Bornstein **4-10-2002** **561-364-5754**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)