

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90005 029 \*\*\*\*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 C/O ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD 1928 LAKE WORTH RD  
LAKE WORTH FL 33461 LAKE WORTH FL 33461  
US US

2. Principal Place of Business 3. Mailing Address  
*901 Northpoint Pkwy* *901 Northpoint Pkwy*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
*108* *108*

City & State City & State  
*West Palm Beach, FL* *West Palm Beach, FL*  
Zip Zip Country Country  
*33407* *USA* *33407* *USA*

4. FEI Number **65-0150750** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**ASSOCIATED PROPERTY MANAGEMENT**  
1928 LAKE WORTH RD  
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent  
Name *Dicker, Kirak & Stoloff, P.A.*  
Street Address (P.O. Box Number is Not Acceptable)  
*1818 Australian Avenue South*  
*Suite 400*  
City *West Palm Beach* FL Zip Code *33409*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Scott A. Stoloff, Shareholder*  
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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BORNSTEIN, ALLEN S	
STREET ADDRESS	6276 LANSLOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARCH, ALFRED	
STREET ADDRESS	6292 LANSLOWNE CIRLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOODMAN, THERESA	
STREET ADDRESS	8908 AUBREY LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONNER, KATHRINE	
STREET ADDRESS	6300 LANSLOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	SD	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]*  
Date Daytime Phone #