

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N26639

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



Principal Place of Business
**PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 US**

Mailing Address
**PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0150750

Applied For
Not Applicable

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

**PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BORNSTEIN, ALLEN S
STREET ADDRESS 6276 LANSLOWNE CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

☐ Change ☐ Addition
U00000725389
05/03/07-80020-020 61.25

TITLE VD ☐ Delete
NAME BARCH, ALFRED
STREET ADDRESS 6292 LANSLOWNE CIRLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

☐ Change ☐ Addition

TITLE TD ☐ Delete
NAME GOODMAN, THERESA
STREET ADDRESS 8908 AUBREY LANE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME BONNER, KATHRINE
STREET ADDRESS 6300 LANSLOWNE CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

☐ Change ☐ Addition

TITLE SD ☐ Delete
NAME DUNLAP, PATTI
STREET ADDRESS 8892 ODELL DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Theresa Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-07