


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90150 012 ****61.25

DOCUMENT # N26639

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



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

40083010



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
C/o Allied Property Mgmt. Group Inc. *C/o Allied Property Mgmt. Group Inc.*
745 US Highway 1 Suite 209 *PO Box 221674*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04082008 Chg-NP CR2E037 (12/06)

City & State City & State
North Palm Beach, FL. *West Palm Beach, FL.*
 Zip Country Zip Country
33408 *33422* Country

4. FEI Number Applied For
65-0150750 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Allied Property Management Group Inc.*
 Street Address (P.O. Box Number is Not Acceptable) *745 US Highway 1 Suite 209*
 City *North Palm Beach, FL.* **FL** Zip Code *33408*

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]* *4/14/2008*
 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, 2008

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 LANSDOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARCH, ALFRED	
STREET ADDRESS	6292 LANSDOWNE 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 LANSDOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUNLAP, PATTI	
STREET ADDRESS	8892 ODELL 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	
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 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: *[Signature]* Date Daytime Phone #