2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# N30010

Entity Name: RAINBOW COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BRIAN BOEHM
P.O. BOX 535
PORT SALERNO, FL 34992 US

New Principal Place of Business:

P.O. BOX 535
PORT SALERNO, FL 34992 US

Current Mailing Address:

BRIAN BOEHM
P.O. BOX 535
PORT SALERNO, FL 34992 US

New Mailing Address:

P.O. BOX 535
PORT SALERNO, FL 34992 US

FEI Number: 65-0198186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLASEN, WILLIAM
4228 SE RAIDBONS END
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLASEN, WILLIAM
Address: 4228 SE RAIDBONS END
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete
Name: DELGADO, TERI
Address: 4253 SE RAIN DOWS END
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete
Name: OTT, ELIZABETH
Address: 5688 SE POT O GOLD PLACE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. CLASEN P 04/19/2004

Electronic Signature of Signing Officer or Director Date