

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N31484**  
 1. Entity Name **FOUNTAINS AT RAINBOW LAKES**  
**Homeowners Association, Inc.**



FILED  
 07 MAY 18 AM 11:04  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **COMMUNITY ASSOC SERV**  
 Suite, Apt. #, etc. **250**  
 City & State **BOCA RATON FL**

3. Mailing Address **951 BROKEN SOUND PKWY**  
 Suite, Apt. #, etc. **250**  
 City & State **BOCA RATON, FL**

4. FEI Number \_\_\_\_\_ Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name **COMMUNITY ASSOC SERVICES**  
 Street Address (P.O. Box Number is Not Acceptable) **951 BROKEN SOUND PKWY STE 250**  
 City **BOCA RATON** FL Zip Code **33487**

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 \_\_\_\_\_

FEE IS \$61.25 Initial or Amended UBR  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>ED UMBERGER</b> <b>886 BRIAN BLVD</b> <b>BOYNTON BCH, FLA 33437</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400103894074</b> <b>06/05/07--01014--005 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WILLIAM SHORE</b> <b>5023 ROSEN BLVD</b> <b>BOYNTON BEACH, FL 33437</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RON BENNETT</b> <b>8664 ROSALIE CT</b> <b>BOYNTON BEACH, FL 33437</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>07/25</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Stephen R Rhoads**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)