

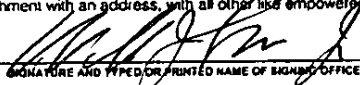


04-23-2008 90045 021 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N31484			
1. Entity Name FOUNTAINS OF RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business COMMUNITY ASSOCIATION SERV 951 BROKEN SOUND PKWY, STE 250 BOCA RATON, FL 33467		Mailing Address COMMUNITY ASSOCIATION SERV 951 BROKEN SOUND PKWY, STE 250 BOCA RATON, FL 33467	
2. Principal Place of Business, No P.O. Box # C.A.S. REALTY MANAGEMENT, LLC		3. Mailing Address SAME	
Suite, Apt. #, etc. 1901 S. CONGRESS AVE, STE 480		Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State	
Zip 33426		Country USA	
6. Name and Address of Current Registered Agent COMMUNITY ASSOCIATION SERVICES INC. 951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent C.A.S. REALTY MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable) 1901 S. CONGRESS AVE SUITE 480 City BOYNTON BEACH, FL Zip Code 33426	
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:  DATE: _____ <small>Signature, type or correct name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	V SHORE, WILLIAM 5023 ROSEN BLVD. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UMBERGER, EDWARD 8586 BRIAN BLVD BOYNTON BCH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENNETT, RON 8664 ROSALIE CT BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEVITO, NICHOLAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8597 BRIAN BLVD BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARCHER, DAWN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5016 ROSEN BLVD BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, RON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8664 ROSALIE CT. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 817, 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: 		Date: 6-9-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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4. FEI Number 65-0191431 Applied For Not Applicable

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