

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90009 027 \*\*\*\*61.25

<b>DOCUMENT # N38213</b> 1. Entity Name CINNABAR AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business ASSOCIATED PROPERTY MGMT. <del>1938 LAKE WORTH RD.</del> LAKE WORTH, FL 33461 US		Mailing Address ASSOCIATED PROPERTY MGMT. <del>1938 LAKE WORTH RD.</del> LAKE WORTH, FL 33461 US	
2. Principal Place of Business - No P.O. Box # <i>ASSOC. PROPERTY MGMT.</i> Suite, Apt. #, etc. <i>1928 LAKE WORTH RD.</i>		3. Mailing Address <i>ASSOC. PROP MGMT.</i> Suite, Apt. #, etc. <i>1928 LAKE WORTH RD.</i>	
City & State <i>LAKE WORTH, FL</i>		City & State <i>LAKE WORTH, FL</i>	
Zip <i>33461</i> Country		Zip <i>33461</i> Country	
4. FEI Number 65-0203488		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD KAUFER, JEFFREY 9050 CAVATINA PLACE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	TD LORENZEN, RICHARD 9066 CAVATINA PLACE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	SD CONGDON, REBECCA 9035 CAVATINA PLACE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VD MARIETTA, ALLYSON 6225 TERRA ROSA CIR BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D ARONSON, MARC 9153 PATINA DR BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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.			
<b>SIGNATURE:</b> <i>[Signature]</i>		Date <i>3/14/07</i> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			