
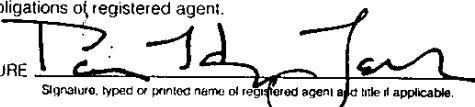
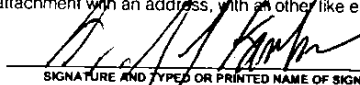


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90036 026 ****61.25

DOCUMENT # N38213 1. Entity Name CINNABAR AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.																																																																																																																													
Principal Place of Business ASSOCIATED PROPERTY MGMT. 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US			Mailing Address ASSOCIATED PROPERTY MGMT. 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US																																																																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																											
4. FEI Number 65-0203488				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																													
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 PATTI HEIDLER LADWIG, ESQ Street Address (P.O. Box Number is Not Acceptable) 12765 W. FOREST HILL BLVD SUITE 1312 City WELLINGTON FL Zip Code 33414																																																																																																																										
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> PATTI HEIDLER LADWIG, ESQ <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 3/31/08 <small>DATE</small> </div> </div>																																																																																																																													
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																																																																																																																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KAUFER, JEFFREY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9050 CAVATINA PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33437</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LORENZEN, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9066 CAVATINA PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33437</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CONGDON, REBECCA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9035 CAVATINA PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33437</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARIETTA, ALLYSON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6225 TERRA ROSA CIR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33437</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ARONSON, MARC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9153 PATINA DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33437</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	KAUFER, JEFFREY		STREET ADDRESS	9050 CAVATINA PLACE		CITY-ST-ZIP	BOYNTON BEACH, FL 33437		TITLE	TD	<input type="checkbox"/> Delete	NAME	LORENZEN, RICHARD		STREET ADDRESS	9066 CAVATINA PLACE		CITY-ST-ZIP	BOYNTON BEACH, FL 33437		TITLE	SD	<input type="checkbox"/> Delete	NAME	CONGDON, REBECCA		STREET ADDRESS	9035 CAVATINA PLACE		CITY-ST-ZIP	BOYNTON BEACH, FL 33437		TITLE	VD	<input type="checkbox"/> Delete	NAME	MARIETTA, ALLYSON		STREET ADDRESS	6225 TERRA ROSA CIR		CITY-ST-ZIP	BOYNTON BEACH, FL 33437		TITLE	D	<input type="checkbox"/> Delete	NAME	ARONSON, MARC		STREET ADDRESS	9153 PATINA DR		CITY-ST-ZIP	BOYNTON BEACH, FL 33437		TITLE		<input type="checkbox"/> Delete	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		
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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 an other like empowered.																																																																																																																													
SIGNATURE:  CLHOA Pres. 2/26/08 501/641 4607 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													

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