

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2009**  
**Secretary of State**

DOCUMENT# N38325

**Entity Name:** VILLAGE OF RAINBOW SPRINGS RESIDENTS' ORGANIZATION, INC.

**Current Principal Place of Business:**

9845 SW 191ST AVENUE  
DUNNELLO, FL 34432 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1609  
DUNNELLO, FL 34430 US

**New Mailing Address:**

**FEI Number:** 59-3012982      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILMOR, CHARLES H  
9845 SW 191ST AVENUE  
DUNNELLO, FL 34432 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: P ( ) Delete  
Name: MENERA, DICK  
Address: 19775 SW 93RD LN RD  
City-St-Zip: DUNNELLO, FL 34432

Title: VP ( ) Delete  
Name: SLOAN, WAYNE  
Address: 119737 SW 82ND LOOP  
City-St-Zip: DUNNELLO, FL 34432

Title: T ( ) Delete  
Name: REAGAN, BARNEY  
Address: 19449 SW 82ND PL RD  
City-St-Zip: DUNNELLO, FL 34432

Title: S ( ) Delete  
Name: GILMOR, CHARLES  
Address: 9845 SW 191ST AV  
City-St-Zip: DUNNELLO, FL 34432

Title: D ( ) Delete  
Name: DEMIRJEAN, MARYANN  
Address: 18946 SW 93RD LOOP  
City-St-Zip: DUNNELLO, FL 34432

Title: D ( ) Delete  
Name: BRANCH, JILL  
Address: 8471 SW 196TH AV RD  
City-St-Zip: DUNNELLO, FL 34432

**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:

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 exemption stated 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 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: BARNEY REAGAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

01/29/2009

\_\_\_\_\_  
Date