2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N43863

Entity Name: BLUFFS AT RAINBOW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

20486 THE GRENADA
DUNNELLON, FL 34432 US

New Principal Place of Business:

Current Mailing Address:

POB 2494
DUNNELLON, FL 34430 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROWLEY, MARGARET
20486 THE GRANADA #5
DUNNELLON, 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:	CROWLEY, MARGARET	
Address:	20486 THE GRANADA # 5	
City-St-Zip:	DUNNELLON, FL 34432 US	
Title:	TD	( ) Delete
Name:	PITTMAN, C. MICHAEL	
Address:	20486 THE GRANADA #6	
City-St-Zip:	DUNNELLON, FL 34432 US	
Title:	O	( ) Delete
Name:	DODGE, SHIRLEY A	
Address:	20486 THE GRANADA #4	
City-St-Zip:	DUNNELLON,, FL 34432	
Title:	O	( ) Delete
Name:	TEPOVICH, DANIEL	
Address:	20486 THE GRANADA #3	
City-St-Zip:	DUNNELLON, FL 34432	
Title:	O	( ) Delete
Name:	ALLEN, LINDA	
Address:	20486 THE GRANADA #7	
City-St-Zip:	DUNNELLON, 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:	

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: MARGARET CROWLEY P 01/20/2009

Electronic Signature of Signing Officer or Director — Date