


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # N49315
 1. Entity Name
RAINFOREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business PO BOX 17888 CLEARWATER, FL 33762 US	Mailing Address PO BOX 17888 CLEARWATER, FL 33762 US
--	--

DO NOT WRITE IN THIS SPACE



01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3132531	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent
BRIGHT, LENDAL
5861 COFFEE BEAN DR
CLEARWATER, FL 33760

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP JACKSON, RONALD 5886 TOUCAN PLACE CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRIGHT, LENDAL 5861 COFFEE BEAN DR CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BUEHLER, SCOTT 14679 CONDOR PASS CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARVEY, TRACY 5825 COFFEE BEAN DR CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, ROBERT 14700 BANANA TREE LN CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000813203
 02/12/08-80079-018 61.25

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.

SIGNATURE: Lendal S. Bright **Lendal S. Bright** 2-1-08 727-481-1276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #