

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR -7 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000001452010  
-04/10/95--01042--009

\*\*\*\*130.00 \*\*\*\*130.00  
DO NOT WRITE IN THIS SPACE

**DOCUMENT # N93000003274 (8)**  
1. Corporation Name

**RAINBOW'S END HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2731 NW 41st St, B-3  
Gainesville, Fl 32606 (Same)**

3. Date Incorporated or Qualified **7-9-93** 3a. Date of Last Report **1994**  
4. FEI Number **59-3281160** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$6.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**Carl Johnson, Esq.  
2731 NW 41st St., B-3  
Gainesville, Fl 32606**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Carl Johnson** 4-4-95 DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | <b>President</b>               |
| NAME            | <b>Terry Bennett</b>           |
| STREET ADDRESS  | <b>4622 NW 21st Drive</b>      |
| CITY - ST - ZIP | <b>Gainesville, Fl 32605</b>   |
| TITLE           | <b>Vice-President-Director</b> |
| NAME            | <b>Joe Gessiness</b>           |
| STREET ADDRESS  | <b>4530 NW 21st Drive</b>      |
| CITY - ST - ZIP | <b>Gainesville, Fl 32605</b>   |
| TITLE           | <b>Treasurer</b>               |
| NAME            | <b>Sari Gian</b>               |
| STREET ADDRESS  | <b>4531 NW 21st Drive</b>      |
| CITY - ST - ZIP | <b>Gainesville, Fl 32605</b>   |
| TITLE           | <b>Secretary</b>               |
| NAME            | <b>Tammy Huey</b>              |
| STREET ADDRESS  | <b>4534 NW 21st Terrace</b>    |
| CITY - ST - ZIP | <b>Gainesville, Fl 32605</b>   |
| TITLE           | <b>Director</b>                |
| NAME            | <b>Rob Pelick</b>              |
| STREET ADDRESS  | <b>4532 NW 21st Terrace</b>    |
| CITY - ST - ZIP | <b>Gainesville, Fl 32605</b>   |
| TITLE           | <b>Director</b>                |
| NAME            | <b>Will Hampton</b>            |
| STREET ADDRESS  | <b>4627 NW 21st Street</b>     |
| CITY - ST - ZIP | <b>Gainesville, Fl 32605</b>   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                              |  |
|---------------------|------------------------------|--|
| 1.1 TITLE           | <b>President</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>Tammy Huey</b>            |  |
| 1.3 STREET ADDRESS  | <b>4534 NW 21st Street</b>   |  |
| 1.4 CITY - ST - ZIP | <b>Gainesville, Fl 32605</b> |  |
| 2.1 TITLE           | <b>Director</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | <b>Larry Williams</b>        |  |
| 2.3 STREET ADDRESS  | <b>4608 NW 20th Drive</b>    |  |
| 2.4 CITY - ST - ZIP | <b>Gainesville, Fl 32605</b> |  |
| 3.1 TITLE           | <b>Director</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | <b>Cindy Cleeton</b>         |  |
| 3.3 STREET ADDRESS  | <b>4509 NW 20th Terrace</b>  |  |
| 3.4 CITY - ST - ZIP | <b>Gainesville, Fl 32605</b> |  |
| 4.1 TITLE           | <b>Secretary</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | <b>Jodi Emmer</b>            |  |
| 4.3 STREET ADDRESS  | <b>4629 NW 20th Drive</b>    |  |
| 4.4 CITY - ST - ZIP | <b>Gainesville, Fl 32605</b> |  |
| 5.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                              |  |
| 5.3 STREET ADDRESS  |                              |  |
| 5.4 CITY - ST - ZIP |                              |  |
| 6.1 TITLE           | <b>Director</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            | <b>Brenda Smith</b>          |  |
| 6.3 STREET ADDRESS  | <b>4524 NW 21st Street</b>   |  |
| 6.4 CITY - ST - ZIP | <b>Gainesville, Fl 32605</b> |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joe Gessiness** **Joe Gessiness** 4-4-95 904-335-8211  
Signature and typed or printed name of signing officer or director Date (Include Prefix)