

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003294**
1. Corporation Name
RAINBOWS END HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2731 N.W. 41st Street Suite B-3 Gainesville, FL 32606	Mailing Address 4131 N.W. 28th Lane Suite B-3 Gainesville, FL 32606
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3. Date Incorporated or Qualified 07/21/93	3a. Date of Last Report 04/29/96
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2. Principal Place of Business 21	2a. Mailing Address 26 2731 N.W. 41st Street	4. FEI Number 59-3281160	Applied For Not Applicable
Suite Apt #, etc 22	Suite, Apt. #, etc 27 Suite B-3	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 Gainesville, Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 32606	Country 30
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent
Carl L. Johnson
2731 N.W. 41st Street
Suite 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 100002140051
-04/11/97--01007--021
84 City ***61.25 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Huey, Tammy	
STREET ADDRESS	4534 N.W. 21st Street	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Emmer, Jodie	
STREET ADDRESS	4629 N.W. 20th Drive	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Smith, Brenda	
STREET ADDRESS	4524 N.W. 21st Street	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gessiness, Joe	
1.3 STREET ADDRESS	4530 N.W. 21st Drive	
1.4 CITY-ST-ZIP	Gainesville, FL 32605	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Massey, Jimmy	
2.3 STREET ADDRESS	4616 N.W. 21st Street	
2.4 CITY-ST-ZIP	Gainesville, FL 32605	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Frye, Julie	
3.3 STREET ADDRESS	4534 N.W. 21st Street	
3.4 CITY-ST-ZIP	Gainesville, FL 32605	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Smock, Andy	
4.3 STREET ADDRESS	4607 N.W. 21st Street	
4.4 CITY-ST-ZIP	Gainesville, FL 32605	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gantt, Robin	
5.3 STREET ADDRESS	4503 N.W. 21st Terr.	
5.4 CITY-ST-ZIP	Gainesville, FL 32605	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Brown, Kevin	
6.3 STREET ADDRESS	4539 N.W. 20th Terr.	
6.4 CITY-ST-ZIP	Gainesville, FL 32605	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or changed, or in an attachment with an address.

SIGNATURE: Joe Gessiness - Joe Gessiness 4.4.97 335-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E037 (9/96)

Handwritten signature/initials