

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003274

FILED
Jan 22, 2007
Secretary of State

Entity Name: RAINBOWS END HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4526 NW 20TH DRIVE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

4526 NW 20TH DRIVE
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-3281160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GESSINESS, JOE
4530 N. W. 21ST DR.
GAINESVILLE, FL 32605 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: PRES () Delete
Name: GESSINESS, JOE
Address: 4530 N.W. 21ST DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: VP () Delete
Name: SCHNOLL, MARC
Address: 4528 N.W. 20TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: SEC () Delete
Name: GRAVES-GUILLETTE, SUMMER
Address: 4526 N.W. 20TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: TREA () Delete
Name: GRAVES-GUILLETTE, SUMMER
Address: 4526 N.W. 20TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GRAVES, SUMMER
Address: 4526 NW 20TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: SEC (X) Change () Addition
Name: GUILLETTE, MATTHEW
Address: 4526 N.W. 20TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: TREA (X) Change () Addition
Name: GRAVES, SUMMER
Address: 4526 N.W. 20TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the 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: SUMMER GRAVES

VP

01/22/2007

Electronic Signature of Signing Officer or Director

_____ Date