## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003274

FILED Mar 31, 2009 Secretary of State

Entity Name: RAINBOWS END HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4530 NW 21ST DRIVE 4516 NW 20TH DR

GAINESVILLE, FL 32605 US GAINESVILLE, FL 326051335 US

Current Mailing Address: New Mailing Address:

4530 NW 21ST DRIVE 4516 NW 20TH DR

GAINESVILLE, FL 32605 US GAINESVILLE, FL 326051335 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GESSINESS, JOE SUSAN, BLAZO 4530 N. W. 21ST DR. 4531 NW 21ST DRIVE

GAINESVILLE, FL 32605 US GAINESVILLE, FL 326051338 US

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: SUSAN BLAZO 03/31/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tte: PRES ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 GESSINESS, JOE
 Name:
 RICHTER, JOHN

 Address:
 4530 N.W. 21ST DRIVE
 Address:
 4516 NW 20TH DRIVE

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:
 GAINESVILLE, FL 326051335

Title: VP ( ) Delete Title: ( ) Change ( ) Addition Name: CHANEY, EDWARD Name:

 Name
 Chancer, Edward
 Name

 Address:
 4602 NW 21ST DRIVE
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 MCCRACKEN, STACIA
 Name:
 MAGGIO, SYLVIA

 Address:
 4520 N.W. 21ST DRIVE
 Address:
 4612 N.W. 21ST DRIVE

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:
 GAINESVILLE, FL 32605

Title: TREA ( ) Delete Title: ( ) Change ( ) Addition

BLAZO, SUSAN Name:
4531 NW 21ST DRIVE Address:
GAINESVILLE, FL 32605 City-St-Zip:

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: SUSAN BLAZO TREA 03/31/2009