

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-24-2005 90036 047 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N97000003385					
1. Entity Name COMMUNITY ASSOCIATION FOR THE ENCLAVE AT RAINBOWS, INC.					
Principal Place of Business 2331 N.W. 44TH PLACE GAINESVILLE FL 32605			Mailing Address 2331 N.W. 44TH PLACE GAINESVILLE FL 32605		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3453393	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RELLER, ROBERT H 2331 N.W. 44TH PLACE GAINESVILLE FL 32605			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BURCH, JACK 2319 NW 44TH PL GAINESVILLE FL 32605 ☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	T KRIS & KRISSIE MARSH 2337 NW 44TH PLACE GAINESVILLE FL 32605 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD RELLER, ROBERT H 2331 N.W. 44TH PLACE GAINESVILLE FL 32605 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD TIMMERS, ADRIAN 4436 NW 23RD DR GAINESVILLE FL 32605 ☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD JIM STEINER 2345 NW 44TH PLACE GAINESVILLE FL 32605 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HAYDEN, NIKOL 4435 NW 23RD DR GAINESVILLE FL 32605 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PATEL, NAINA 2310 NW 44TH PLACE GAINESVILLE FL 32605 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I 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 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:			3-13-05 352-222-3477		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ROBERT H. RELLER, PRESIDENT