

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003385

FILED  
Feb 07, 2009  
Secretary of State

**Entity Name:** COMMUNITY ASSOCIATION FOR THE ENCLAVE AT RAINBOWS, INC.

**Current Principal Place of Business:**

2331 N.W. 44TH PLACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

4435 NW 23RD DR  
GAINESVILLE, FL 32605

**Current Mailing Address:**

2331 N.W. 44TH PLACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

4435 NW 23RD DR  
GAINESVILLE, FL 32605

**FEI Number:** 59-3453393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RELLER, ROBERT H  
2331 N.W. 44TH PLACE  
GAINESVILLE, FL 32605 US

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

HAYDEN, ANNA N  
4435 NW 23RD DR  
GAINESVILLE, FL 32605 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: ANNA N HAYDEN

02/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RELLER, ROBERT H  
Address: 2331 N.W. 44TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: VPD ( ) Delete  
Name: STEINER, JIM  
Address: 2345 NW 44TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: ST ( ) Delete  
Name: HAYDEN, NIKOL  
Address: 4435 NW 23RD DR  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: DEMICHELE, ARNOLD  
Address: 2325 NW 44TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

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

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

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

Title: ST (X) Change ( ) Addition  
Name: HAYDEN, ANNA N  
Address: 4435 NW 23RD DR  
City-St-Zip: GAINESVILLE, FL 32605

Title: ( ) Change ( ) Addition  
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: ANNA N HAYDEN

ST

02/07/2009

Electronic Signature of Signing Officer or Director

Date