

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

1996 6 26 96

B-7130

DOCUMENT # 743602 (5)

1. Corporation Name  
**RAINBOW ACRES CIVIC ASSOCIATION, INC.**



Principal Place of Business: 4963 SW 196TH AVE. P. O. BOX 320010 DUNNELLO FL 34431  
 Mailing Address: 4963 SW 196TH AVE. P. O. BOX 320010 DUNNELLO FL 34431

3. Date Incorporated or Qualified: 07/17/1978  
 3a. Date of Last Report: 02/28/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 59-1886003 Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [ ] No [X]

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENSON, DALE  
 4963 S.W. 196TH AVE.  
 DUNNELLO FL 34431

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	CAMPBELL, MARY	
STREET ADDRESS	9715 SW 54TH ST.	
CITY-ST-ZIP	DUNNELLO FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WALTICH, LOUIS	
STREET ADDRESS	5085 SW 196TH AVE.	
CITY-ST-ZIP	DUNNELLO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOHR, NANCY	
STREET ADDRESS	5714 SW 196TH AVENUE	
CITY-ST-ZIP	DUNNELLO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CROSS, RICHARD	
STREET ADDRESS	4981 SW 196 AVE	
CITY-ST-ZIP	DUNNELLO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLY, MILTON	
STREET ADDRESS	5351 SW 196 AVE	
CITY-ST-ZIP	DUNNELLO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENSON, DALE	
STREET ADDRESS	4963 SW 196TH AVE.	
CITY-ST-ZIP	DUNNELLO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	Stuart Burnette
2.4 CITY-ST-ZIP	20797 SW 73rd Ln. Dunnellon, FL 34431
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P
4.3 STREET ADDRESS	Dale Stephenson
4.4 CITY-ST-ZIP	4963 SW 196th Ave. Dunnellon, FL 34431
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Doris Magursky
5.4 CITY-ST-ZIP	5517 SW 202nd Ct. Dunnellon, FL 34431
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Ernest Burke
6.4 CITY-ST-ZIP	6310 SW 206th Ave. Dunnellon, FL 34431

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Dale Stephenson* (352) 489-1574 Dale F. Stephenson  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)