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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743602 (5)
1. Corporation Name
RAINBOW ACRES CIVIC ASSOCIATION, INC.



Principal Place of Business 4963 SW 196TH AVE. P. O. BOX 320010 DUNNELLON FL 34431	Mailing Address 4963 SW 196TH AVE. P. O. BOX 320010 DUNNELLON FL 34431
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3. Date Incorporated or Qualified
07/17/1978

4. FEI Number 59-1886003	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 7220 S US Hwy 41 Suite, Apt. #, etc.	2a. Mailing Address 26 7220 S US Hwy 41 Suite, Apt. #, etc.
22 Rainbow Acres Business Center City & State	27 Rainbow Acres Business Center City & State
23 Dunnellon, FL Zip Country	28 Dunnellon, FL Zip Country
24 34432 25 Marion	29 34432 30 Marion

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No **N/A**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	DS <input type="checkbox"/> DELETE
NAME	CAMPBELL, MARY
STREET ADDRESS	9715 SW 54TH ST.
CITY-ST-ZIP	DUNNELLON FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	SUTART, BURNETTE
STREET ADDRESS	20797 SW 73RD LN
CITY-ST-ZIP	DUNNELLON FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	MOHR, NANCY
STREET ADDRESS	5714 SW 196TH AVENUE
CITY-ST-ZIP	DUNNELLON FL
TITLE	P <input type="checkbox"/> DELETE
NAME	STEPHENSON
STREET ADDRESS	4963 SW 196TH AVE
CITY-ST-ZIP	DUNNELLON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MAGURSKY, DORIS
STREET ADDRESS	5517 SW 202ND CT
CITY-ST-ZIP	DUNNELLON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BURKE, ERNEST
STREET ADDRESS	6310 SW 206TH AVENUE
CITY-ST-ZIP	DUNNELLON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	19715 SW 54th St
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	Chris Osborne
2.4 CITY-ST-ZIP	19831 SW 57th St 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	D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP
5.3 STREET ADDRESS	Gordon Cade
5.4 CITY-ST-ZIP	7101 SW 200th Terrace Dunnellon, FL 34431
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 _____ DATE **2/20/98**

CF2E037 (10/97)