

# 2000 UNIFORM BUSINESS REPORT (UBR)

SS/

DOCUMENT # 739144

1. Entity Name

RAINBERRY WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6183  
DELRAY BCH FL 33484

P.O. BOX 6183  
DELRAY BCH FL 33482-6183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2051870

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LORD, GARY  
522 N.W. 50TH AVENUE  
DELRAY BEACH FL 33445

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD  
NAME BUTTER, ED  
STREET ADDRESS 561 NW 48TH AVE  
CITY- ST- ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE TD  
NAME LIBERATI, MARIE  
STREET ADDRESS 5174 N.W. 6TH COURT  
CITY- ST- ZIP DELRAY BEACH FL ☒ Delete

TITLE SD  
NAME LUNDE, MARILYN  
STREET ADDRESS 4965 N.W. 6TH COURT  
CITY- ST- ZIP DELRAY BEACH FL ☒ Delete

TITLE D  
NAME SCHENK, FRED  
STREET ADDRESS 5149 N.W. 6TH COURT  
CITY- ST- ZIP DELRAY BEACH FL ☒ Delete

TITLE D (PRESIDENT)  
NAME LORD, GARY  
STREET ADDRESS 522 N.W. 50TH AVENUE  
CITY- ST- ZIP DELRAY BEACH, FL 33445 ☐ Delete

TITLE D  
NAME SPINNER, PETER  
STREET ADDRESS 4798 NW SIXTH COURT  
CITY- ST- ZIP DELRAY BEACH, FL 33445 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice President (D)  
NAME Phil Mohorn  
STREET ADDRESS 4896 N.W. 5th Street  
CITY- ST- ZIP Delray Beach, FL 33445 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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: \* SIGNATURE REQUIRED

\* 6-29-00

Date Daytime Phone #

CR2007 (9/99)