

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90008 034 ****61.25

DOCUMENT # 739144

1. Entity Name

RAINBERRY WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 6183
DELRAY BCH FL 33484

Mailing Address

P.O. BOX 6183
DELRAY BCH FL 33484

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

59-2051870

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

~~LORD, GARY~~
~~522 NW 50TH AVENUE~~
~~DELRAY BEACH FL 33445~~

Name

KAI HOLM GREN

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

4734 NW 6TH CT

City

DELRAY BEACH

FL

Zip Code

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. 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

X 8/8/04

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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 SD
NAME MAGAZINE, SCOTT ☒ Delete
STREET ADDRESS 580 NW 48TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VPD
NAME PARADWARICA COHEN ☐ Change ☒ Addition
STREET ADDRESS 534 NW 50TH AVE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE TD
NAME POLLARD, ROY ☐ Delete
STREET ADDRESS 5391 NW 5TH ST
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE PD
NAME KAI HOLM GREN ☐ Change ☒ Addition
STREET ADDRESS 4734 NW 6TH CT
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VPD
NAME MAHORN, PHIL ☒ Delete
STREET ADDRESS 4896 NW 5TH STREET
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE PD
NAME THOMAS EVANS ☐ Change ☒ Addition
STREET ADDRESS 1123 NW 5TH CT
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE PD
NAME LORD, GADY ☒ Delete
STREET ADDRESS 522 NW 50TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE PD
NAME KAREN MCPHERSON ☐ Change ☒ Addition
STREET ADDRESS 5331 NW 6TH CT
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE G.D.
NAME BRADLEY DOWLER ☐ Delete ☒ ADD
STREET ADDRESS 340 NW 28TH AVE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE G.D.
NAME WALLACE FARRAGUT ☐ Change ☒ Addition
STREET ADDRESS 670 NW 53RD
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE S.D.
NAME PATRICIA BRANFMAN ☐ Delete ☒ ADD
STREET ADDRESS 2801 NW 6TH ST
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE USD
NAME VOSSE ELISES ☐ Change ☒ Addition
STREET ADDRESS 3205 NW 5TH CT
CITY-ST-ZIP DELRAY BEACH FL 33445

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kai Holmgren

8/8/04 (351) 912-3572

Date

Daytime Phone #