

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90044 016 ****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

HOLMGREN, KAI
4734 NW 6TH CT
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

3-8-05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DWARIKA COHEN, TARA	
STREET ADDRESS	534 NW 50TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POLLARD, ROY	
STREET ADDRESS	5391 NW 5TH ST	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLMGREN, KAI	
STREET ADDRESS	4734 NW 6TH CT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	GD	<input type="checkbox"/> Delete
NAME	EVANS, THOMAS	
STREET ADDRESS	4763 NW 6TH CT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	GD	<input type="checkbox"/> Delete
NAME	DOWLER, BRADLEY	
STREET ADDRESS	540 NW 48TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRANFMAN, PATRICIA	
STREET ADDRESS	5267 NW 6TH CT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

Date

Daytime Phone #