2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jul 21, 2008 8:00 am **Secretary of State DOCUMENT #739144** 07-21-2008 90027 024 ****61.25 RAINBERRY WOODS HOMEOWNERS ASSOCIATION, Principal Place of Business Mailing Address P.O. BOX 6183 P.O. BOX 6183 DELRAY BCH, FL 33484 DELRAY BCH, FL 33484 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 59-2051870 City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROLLARD, ROY Street Address (P.O. Box Number is Not Acceptable) 5391 NW 5TH ST DELRAY BEACH, FL 33445 City 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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Stonsture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filling Fee is \$61.25 \$5.00 May Be П Due by September 12, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete MILE (X) Change ☐ Addition DWARIKA COHEN, TARA MALE NAME STREET ADDRESS **534 NW 50TH AVE** STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZE ☐ Delete TITLE 60 TITLE POLLARD, ROY STREET ADDRESS 5391 NW 5TH ST STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP THE VP TITLE ☐ Delete Change ☐ Addition **EVANS. THOMAS** NAME NAME STREET ADDRESS 4763 NW 6TH CT STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP TITLE GD Delete III.E 61) Addition DOWLER, BRADLEY NAME NAME STREET ADDRESS 540 NW 48TH AVE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP TITLE GD ☐ Delete TITLE ☐ Addition GOULD, DANIEL NAME NAME STREET ADDRESS 5086 NW 5TH ST STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP ☐ Delete TITLE MILE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

FILED