

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739144

FILED
Jul 08, 2009
Secretary of State

Entity Name: RAINBERRY WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 6183
DELRAY BCH, FL 33484

New Principal Place of Business:

5391 NW 5TH ST
DELRAY BCH, FL 33445

Current Mailing Address:

P.O. BOX 6183
DELRAY BCH, FL 33484

New Mailing Address:

FEI Number: 59-2051870 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROLLARD, ROY
5391 NW 5TH ST
DELRAY BEACH, FL 33445 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DWARIKA COHEN, TARA
Address: 534 NW 50TH AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD () Delete
Name: POLLARD, ROY
Address: 5391 NW 5TH ST
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPD () Delete
Name: EVANS, THOMAS
Address: 4763 NW 6TH CT
City-St-Zip: DELRAY BEACH, FL 33445

Title: GD () Delete
Name: DWARIKA, DENISE
Address: 595 NW 50TH ST
City-St-Zip: DELRAY BEACH, FL 33445

Title: GD () Delete
Name: GOULD, DANIEL
Address: 5086 NW 5TH ST
City-St-Zip: DELRAY BEACH, FL 33445

Title: GD () Delete
Name: YEE, NADIA
Address: 536 NW 50TH AVE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY POLLARD

PRES

07/08/2009

Electronic Signature of Signing Officer or Director

Date