

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743848 (4)
1. Corporation Name
RAINBERRY BAY VILLAS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**2601 RAINBERRY CIRCLE S.
DELRAY BEACH FL 33445** **2601 RAINBERRY CIRCLE S.
DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/07/1978** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1879457** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**WEBER SHARON A ESQ
BECKER POLIAKOFF
450 AUSTRALIAN AVE S STE 720
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSHNER, BERNARD	1.2 NAME	
STREET ADDRESS	2801 RAINBERRY CIR	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROKOFF, MILTON	2.2 NAME	
STREET ADDRESS	2801 RAINBERRY CIRCLE S.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENENBERG, BEN	3.2 NAME	
STREET ADDRESS	2801 RAINBERRY CIR. SO.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENER, LUCILLE	4.2 NAME	Treasurer / D
STREET ADDRESS	2801 RAINBERRY CIR. SO.	4.3 STREET ADDRESS	Ben Denenberg
CITY - ST - ZIP	DELRAY BEACH FL	4.4 CITY - ST - ZIP	3035 E. NW 12th St Delray Beach FL 33445
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if changed or on an addition with an address.

SIGNATURE: _____ DATE: **4/4/95** DAYTIME PHONE: **995-4100**