

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: **2801 RAINBERRY CIRCLE S. DELRAY BEACH FL 33445**
Mailing Address: **2801 RAINBERRY CIRCLE S. DELRAY BEACH FL 33445**

3. Date Incorporated or Qualified: **08/07/1978**
3a. Date of Last Report: **04/07/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-1879457		Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30		30	Country			

9. Name and Address of Current Registered Agent

**WEBER SHARON A ESO
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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KERSHNER, BERNARD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2801 RAINBERRY CIR DELRAY BEACH FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	2930D NW 12TH ST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	33445
TITLE	VPD KROKOFF, MILTON	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2801 RAINBERRY CIRCLE S. DELRAY BEACH FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	2935C NW 12TH ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	33445
TITLE	SD DENENBERG, BEN	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2801 RAINBERRY CIR. SO. DELRAY BEACH FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	3035C NW 12TH ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	33445
TITLE	TD DENENBERG, BEN	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3035 "C" NW 12TH ST DELRAY BEACH FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 attachment with an address.

SIGNATURE: *[Signature]* 2/10/96 407-278-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)