


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

FILED

07 MAY 23 PH 2:29

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 743848</b>			
1. Entity Name <b>RAINBERRY BAY VILLAS ASSOCIATION, INC.</b>			
Principal Place of Business 2801 RAINBERRY CIRCLE S. DELRAY BEACH, FL 33445		Mailing Address 2801 RAINBERRY CIRCLE S. DELRAY BEACH, FL 33445	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent <b>CAPLAN, LOUIS ESQ SACHS, SAX, KLEIN 301 YAMATO RD, STE 4150 BOCA RATON, FL 33431</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERBURNE, ROBERT	NAME	KAPLAN, LOWELL
STREET ADDRESS	952-D NW 29TH AVE	STREET ADDRESS	2353 NW 13TH CT
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONN, ELAINE	NAME	FOX, APRIL
STREET ADDRESS	1305-C NW 29TH AVE	STREET ADDRESS	3010(D) NW 12TH STREET
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VPD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, MARION	NAME	
STREET ADDRESS	2923-D NW 10TH AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>MU/4</i>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>April Fox</i>		APRIL FOX FOR <i>May 7/07 50-212-6562</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



02152007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1879457 Applied For Not Applicable

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