FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **743849** **(2)**

1. Corporation Name

RAINBERRY BAY MASTER ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2801 RAINBERRY CIRCLE SOUTH DELRAY BEACH FL 33445	2801 RAINBERRY CIRCLE SOUTH DELRAY BEACH FL 33445

3. Date Incorporated or Qualified: 08/07/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1834405 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEBER SHARON A ESQ
BECKER POLIAKOFF
450 AUSTRALIAN AVE SO 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 **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OD	1.1 TITLE	☐ Change ☐ Addition
NAME	LIEBERMAN, SEYMOUR	1.2 NAME	
STREET ADDRESS	2801 RAINBERRY CIRCLE SO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, BEN	2.2 NAME	
STREET ADDRESS	2801 RAINBERRY CIR. SO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	PERNHALL, BERNICE	3.2 NAME	
STREET ADDRESS	2801 RAINBERRY CIR. SO.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELARAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	Secretary/TD ☐ Change ☑ Addition
NAME	STEINER, LUCILLE	4.2 NAME	BEN Denenberg
STREET ADDRESS	2801 RAINBERRY CIRCLE SO.	4.3 STREET ADDRESS	9095 "C" NW 12th St
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	D	5.1 TITLE	Treasurer/TD ☐ Change ☑ Addition
NAME	NEIMAN, MARCIA	5.2 NAME	Milton Krokoff
STREET ADDRESS	2801 RAINBERRY CIRCLE SO.	5.3 STREET ADDRESS	2935 "C" NW 12th Street
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE		6.1 TITLE	☐ Change ☐ 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)(i), 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: _____ 3/30/95 995-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000418