

# 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 # **743849** (2)

1. Corporation Name  
**RAINBERRY BAY MASTER ASSOCIATION, INC.**



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

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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1834405</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WEBER SHARON A ESQ BECKER POLIAKOFF 450 AUSTRALIAN AVE SO STE 720 WEST PALM BEACH FL 33401</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>OD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBERMAN, SEYMOUR</b>	1.2 NAME	
STREET ADDRESS	<b>2801 RAINBERRY CIRCLE SO.</b>	1.3 STREET ADDRESS	<b>2945 NW 14TH ST</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY-ST-ZIP	<b>33445</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARREN, BEN</b>	2.2 NAME	<b>PAUL LENTZ</b>
STREET ADDRESS	<b>2801 RAINBERRY CIR. SO.</b>	2.3 STREET ADDRESS	<b>1185A NW 29TH AVE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33445</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERNHALL, BERNICE</b>	3.2 NAME	
STREET ADDRESS	<b>2801 RAINBERRY CIR. SO.</b>	3.3 STREET ADDRESS	<b>1330 NW 26TH LANE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	<b>33445</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENENBERG, BEN</b>	4.2 NAME	<b>BEN DENENBERG</b>
STREET ADDRESS	<b>3035 "C" NW 12TH ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY-ST-ZIP	<b>33445</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROKOFF, MILTON</b>	5.2 NAME	
STREET ADDRESS	<b>2935 "C" NW 12TH STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY-ST-ZIP	<b>33445</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>MILTON ROBBINS</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>3100 NW 10TH ST</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33445</b>

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: *Benjamin Penenberg* Date: **1/2/96** Daytime Phone #: **407-278-4045**

CR2E037 (12/95)