

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 33445-2087
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3. Date Incorporated or Qualified 08/07/1978	3a. Date of Last Report 02/16/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1834405	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres. "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIEBERMAN, SEYMOUR	1.2 NAME	Warren, Ernestine "D"
STREET ADDRESS	2945 NW 14TH ST	1.3 STREET ADDRESS	2355 NW 14 Street
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Delray Bch., FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice Pres. "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENTZ, PAUL	2.2 NAME	Sussman, Lenore "D"
STREET ADDRESS	1185A NW 29 AVENUE	2.3 STREET ADDRESS	2560 NW 13 Ct.
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Bch., FL 33445
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sec/Treas. "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERNHALL, BERNICE	3.2 NAME	Bussin, Benjamin "D"
STREET ADDRESS	1330 NW 26 LANE	3.3 STREET ADDRESS	2860 Riviera Dr.
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Delray Bch., FL 33445
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENENBERG, BEN	4.2 NAME	
STREET ADDRESS	3035 "C" NW 12TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROKOFF, MILTON	5.2 NAME	
STREET ADDRESS	2935 "C" NW 12TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON ROBBINS	6.2 NAME	
STREET ADDRESS	3100 NW 10TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: Ernestine Warren DATE: _____ DAYTIME PHONE # **0043148**

CR2E037 (9/96)