

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT , 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified
08/07/1978

4. FEI Number
59-1834405

Applied For	Not Applicable
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2. Principal Place of Business
 21. Suite, Apt. #, etc.

2a. Mailing Address
 26. Suite, Apt. #, etc.

23. City & State
 27. City & State

24. Zip
 25. Country
 29. Zip
 30. Country

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, ERNESTINE	1.2 NAME	
STREET ADDRESS	2355 NW 14 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSSMAN, LENORE	2.2 NAME	Lucille Steiner
STREET ADDRESS	2580 NW 13 CT	2.3 STREET ADDRESS	2580 NW 13 CT
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Bch, FL 33445
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	S/TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSSIN, BENJAMIN	3.2 NAME	Sidney Sherman
STREET ADDRESS	2880 RIVIERA DR	3.3 STREET ADDRESS	3185 NW 14 St.
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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* 3/11/98 561 272-6860

CR2E037 (10/97)