


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90256 037 ****61.25

DOCUMENT # 743849			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

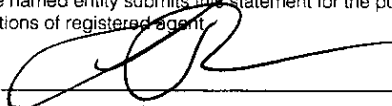
99073014



MOORE CR2E037 (11/03)

4. FEI Number 59-1834405		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER SHARON A ESQ BECKER POLIAKOFF 450 AUSTRALIAN AVE SO STE 720 WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name: <i>Louis Caplan, Esquire</i> Street Address (P.O. Box Number is Not Acceptable): <i>Sachs, Sak, Klein</i> <i>301 Yamato Road, Suite 4150</i> City: <i>BOCA RATON</i> FL Zip Code: <i>33431</i>	

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:  (NOTE: Registered Agent signature required when reinstating) DATE: *4/29/04*

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, LARRY 729D NW 29TH AVENUE DELRAY BCH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GINTIS, DAN 2710 RIVERA DRIVE DELRAY BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAN GINTIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2710 Rivera Drive DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FINGERMAN, STUART 790 NW 31ST AVE. DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STUART FINGERMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 790 N.W. 31ST AVE. DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SH/D Henry Woods <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1245 NW 25 Lane Delray Beach, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Dan Gintis - Pres. Master Assoc.* 4/13/04 561-276-8432
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #