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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 743850 (0)

1. Corporation Name

RAINBERRY BAY HOMES ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **08/07/1978** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-1834413** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21. Suits, Apt. #, etc. 26. Suits, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

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

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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 ESO
BECKER POLIAKOFF
450 AUSTRALIAN AVE SO STE 720
DELRAY BEACH FL 33445**

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 reselecting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEINER, LUCILLE
STREET ADDRESS	2801 RAINBERRY CIR. SO.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	VD
NAME	NEIMAN, MARCIA
STREET ADDRESS	2801 RAINBERRY CIR. SO.
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	S
NAME	SPECTOR ROBERT
STREET ADDRESS	2801 RAINBERRY CIR S
CITY - ST - ZIP	DELRAY BCH FL
TITLE	T
NAME	STEINER, LUCILLE
STREET ADDRESS	2801 RAINBERRY CIR S
CITY - ST - ZIP	DELRAY BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Spector	
1.3 STREET ADDRESS	2450 Riviera Drive	
1.4 CITY - ST - ZIP	Delray Beach, FL 33445	
2.1 TITLE	Vice President / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOE Berenhaus	
2.3 STREET ADDRESS	1225 NW 25th Lane	
2.4 CITY - ST - ZIP	Delray Beach, FL 33445	
3.1 TITLE	Secretary / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Milton Robbins	
3.3 STREET ADDRESS	3100 N.W. 10th Street	
3.4 CITY - ST - ZIP	Delray Beach, FL 33445	
4.1 TITLE	Treasurer / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ben Berenberg	
4.3 STREET ADDRESS	3035 "C" NW 12th Street	
4.4 CITY - ST - ZIP	Delray Beach, FL 33445	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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, on an attachment with an address.

SIGNATURE: X Robert Spector **4/4/95** **#995.4100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #