

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90066 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743850
 1. Corporation Name
RAINBERRY BAY HOMES ASSOCIATION, INC.

Principal Place of Business 2801 RAINBERRY CIRCLE SOUTH DELRAY BCH FL 33445	Mailing Address 2801 RAINBERRY CIRCLE SOUTH DELRAY BCH FL 33445
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 542244 - 90329 - 12



21 Principal Place of Business	22 Mailing Address	3 Date Incorporated or Qualified 08/07/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4 FEI Number 59-1834413
23 City & State	27 City & State	5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country	29 Zip Country	6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WEBER, SHARON A ESO BECKER POLIAKOFF 450 AUSTRALIAN AVE SO STE 720 DELRAY BEACH FL 33445	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Finley Edward, Pres
STREET ADDRESS		1.3 STREET ADDRESS	2906 NW 15th ST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DeLray Beach, FL 33445
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Morton Lewis, VP
STREET ADDRESS		2.3 STREET ADDRESS	818 NW 26th Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DeLray Beach, FL 33435
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Michael Hoffman, Treas/Sec
STREET ADDRESS		3.3 STREET ADDRESS	919 23rd Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DeLray Beach, FL 33435
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, changed, or on an attachment, with all other filers empowered.

SIGNATURE: *Michael Hoffman* **N. HOFFMAN 3/18/99 561-266-9439**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2007 (11/98)