2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # 743850** 1. Entity Name RAINBERRY BAY HOMES ASSOCIATION, INC. 04-05-2001 90443 040 ****61.25 Principal Place of Business Mailing Address 2801 RAINBERRY CIRCLE SOUTH 2801 RAINBERRY CIRCLE SOUTH DELRAY BCH FL 33445 DELRAY BCH FL 33445 C0042561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-1834413 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WEBER, SHARON A ESQ **BECKER POLIAKOFF** 450 AUSTRALIAN AVE SO STE 720 Zip Code DELRAY BEACH FL 33445 FL 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 **SIGNATURE** Signature, typed or printed name of registered ag (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change XX Addition TITLE PD 743 N.W. 23rd LANED NAME NAME EDWARDS, FINLEY STREET ADDRESS STREET ADDRESS 2900 NW 15 ST DELRAY BEACH, FL 🏣 CITY-ST-ZIP CITY-ST-7IP **DELRAY BEACH FL 33445** Addition Delete TITLE ☐ Change TITLE **VPD** EUER, MARTY VPD NAME LEWIS, MORTON NAME 2614 N.W. 12th STREET STREET ADDRESS STREET ADDRESS 818 N.W. 15TH STREET DELRAY BEACH, FL 33445 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** Delete ☐ Change TITLE XX Addition TITLE ETISH, NORMA STD NAME HOFFMAN, MICHAEL NAME 2490 N.W. 9th STREET STREET ADDRESS STREET ADDRESS 919 28TH LANE DELRAY BEACH, FL 33445 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33435 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T/T/E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 ike empowered.

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR