

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-21-2002 90874 016 ****61.25

DOCUMENT # 743850

1. Entity Name

RAINBERRY BAY HOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2801 RAINBERRY CIRCLE SOUTH
 DELRAY BCH FL 33445

2801 RAINBERRY CIRCLE SOUTH
 DELRAY BCH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1834413

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBER, SHARON A ESO
 BECKER POLIAKOFF
 450 AUSTRALIAN AVE SO STE 720
 DELRAY BEACH FL 33445**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** Delete
 NAME: **ROCKOFF, IRWIN**
 STREET ADDRESS: **743 NW 23RD LANE**
 CITY-ST-ZIP: **DELRAY BEACH FL**

TITLE: **President** Change Addition
 NAME: **Sumner Domesek**
 STREET ADDRESS: **2527 NW 12th St.**
 CITY-ST-ZIP: **Delray Beach, FL** **D**

TITLE: **VPD** Delete
 NAME: **FEUER, MARTY**
 STREET ADDRESS: **2814 NW 12TH STREET**
 CITY-ST-ZIP: **DELRAY BEACH FL 33445**

TITLE: **Vice-President** Change Addition
 NAME: **Norma Etish**
 STREET ADDRESS: **2490 NW 9th St.**
 CITY-ST-ZIP: **Delray Beach, FL** **D**

TITLE: **STD** Delete
 NAME: **ETISH, NORMA**
 STREET ADDRESS: **2490 NW 9TH STREET**
 CITY-ST-ZIP: **DELRAY BEACH FL 33435**

TITLE: **Secretary/Treasurer** Change Addition
 NAME: **Victor Cohen**
 STREET ADDRESS: **1380 NW 27th Ave.**
 CITY-ST-ZIP: **Delray Beach, FL** **D**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 CITY-ST-ZIP: Change 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:

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

04/03/02
 Date

561-266-9856
 Daytime Phone #

CR2E037 (9/01)