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

DOCUMENT # 743850

1. Entity Name

RAINBERRY BAY HOMES ASSOCIATION, INC.				04-30-2004 90256 038 ****61.25		
Principal Plac	ce 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.		MOORE	CR2E037 (11/03)
City & State		City & State		4. FEI Number 59-1834	440	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desir	\$8.75 /	Additional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
BEC 450	BER, SHARON A ESQ CKER POLIAKOFF) AUSTRALIAN AVE SO ST LRAY BEACH FL 33445	E 720	Name L C Street Addres	s (P.O. Box Number is Not Accept		e 4150 3431
the obliga	signature, tweed in printer hame of registered age FILE NOW: FEE IS:\$61.25 Due: By: May:1, 2004	nt and title if applicable. (NOT	E: Registered Agent signature requiring parties required agent signature requiring agent parties agent for the parties agent a	red when reinstating) \$5.00 May Be	DATE Make Check Payablorida Department of	le to
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS	IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COHËN, VICTOR 1380 NW 27TH AVENUE DELRAY BEACH FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	arthur Riben	Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LERNER, NORMAN 760 NW 31ST AVE. DELRAY BEACH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	x my & man	☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHULMAN, ROBERT 1265 NW 25TH LN. DELRAY BEACH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	e Addition
TITLE , NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Changu	e Addition

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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

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 supplementary eport is true and acquired 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 of trustee empowered of 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.

561276 4290

Apr 30, 2004 8:00 am Secretary of State