2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

Rainberry Bay Homes

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

03082005   Chg-NP   CR2E037 (10/03)

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
CAPLAN, LOUIS ESQ. SACHS SAK KLEIN 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2005**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to** **Florida Department of State**

10. OFFICERS AND DIRECTORS | **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Officer/Director	Delete	TITLE	Addition/Change	Change/Addition
TITLE: TD NAME: RIBEN, ARTHUR STREET ADDRESS: 2430 RIVIERA DR. CITY-ST-ZIP: DELRAY BEACH, FL 33445		☐ Delete	TITLE: VPD NAME: STREET ADDRESS: CITY-ST-ZIP:		☒ Change ☐ Addition
TITLE: PD NAME: LERNER, NORMAN STREET ADDRESS: 760 NW 31ST AVE. CITY-ST-ZIP: DELRAY BEACH, FL 33445		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: VPD NAME: SHULMAN, ROBERT STREET ADDRESS: 1265 NW 25TH LN. CITY-ST-ZIP: DELRAY BEACH, FL 33445		☒ Delete	TITLE: STD NAME: ZARROW, BERNIE STREET ADDRESS: 1240 NW 26TH LANE CITY-ST-ZIP: DELRAY BEACH, FL 33445		☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: 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: _Norman Norway, Pres._ 5-3-05   NORMAN H LERNER   561-272-6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #