2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743850

1. Entity Name

RAINBERRY BAY HOMES ASSOCIATION, INC.



FILED Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90707 025 ****61.25

						1	INST	1					
Principal Place of Business 2801 RAINBERRY CIRCLE SOUTH DELRAY BCH FL 33445			Mailing Address 2801 RAINBERRY CIRCLE SOUTH DELRAY BCH FL 33445										
2. Principal F	Place of Busir	ness	3. Ma	iling Address									
Suite, Apt	. #, etc.	••••	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & Star	te		City & State				4. FEI Number 59-1834413 Applied For						
Zip	··	Country	Zip Country					J		4	N	ot Applicable	
		•					5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name	and Address of Curren	t Register	ed Agent		Nome		7. Name and Add		stered A	gent		
WEBER, SHARON A ESQ							Name Street Address (P.O. Box Number is Not Acceptable)						
	POLIAKOFI			-									
450 AUSTRALIAN AVE SO STE 720 DELRAY BEACH FL 33445									ţ		1 7:- 0		
						City				FL	Zip Coo	ie	
SIGNATURE		or printed name of registered ager	it and title if ap	· · · · · · · · · · · · · · · · · · ·				when reinstating)		DATE			
	FILE NOW	: FEE IS \$61.25		9. Election Ca Trust Fund		_		\$5.00 May Be Added to Fees	Make Florida I		Payable nent of S		
10.	Lan	OFFICERS AND D	RECTORS		11.			ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRE	CTORS IN	J 10	
TITLE NAME	PD Domesek	, SUMNER		Delete	TITLE		PO	c Norma	~)		☐ Change	Addition	
STREET ADDRESS	TREET ADDRESS 2527 NW 12TH STREET						Lerner, Norman 760 NW 315T AVENUE						
CITY-ST-ZIP	DELRAY B	EACH FL				ST- ZIP	130	Bud.	<u>FC33445</u>				
TITLE NAME	vpd etish, no	RMA		Delete	TITLE		NAD		حد		☐ Change	Addition	
STREET ADDRESS	2490 NW	9TH ST			STREE	T ADDRESS	200	IMAN, RODA 5 NW 257	m lane				
CITY-ST-ZIP	DELRAY B	EACH FL				ST-ZIP	05/	cay Beach	<u>FL 3344</u>	<u>5</u>			
TITLE NAME	COHEN, V	ICTOR		Delete	NAME.			_			Change	Addition	
STREET ADDRESS CITY-ST-ZIP		27TH AVENUE		•		T ADDRESS							
TITLE	DELRAY B	EAUTI FL		☐ Delete	TITLE	ST-ZIP					Change	☐ Addition	
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NAME STREET ADDRESS					NAME STREE	T ADDRESS							
CITY-ST-ZIP					CITY-S								
12. I hereby o	certify that the	information supplied wit	h this filina	does not qualify to	r the exem	notion stat	ted in Sec	ction 119.07(3)(i). Flo	rida Statutes, Lifurt	her certif	that the in	oformation	

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:

May 142003