

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:23

DOCUMENT # 749370 (3)
1. Corporation Name
THE VILLAS OF RAINBERRY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O M.J. GALLUP
235 N.E. 6TH AVE
DELRAY BEACH, FL. 33483** **C/O M.J. GALLUP
235 N.E. 6TH AVE
DELRAY BEACH, FL. 33483**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/17/1979	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2211762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**GALLUP, MARJANE
235 N.E. 6TH AVE. STE D
DELRAY BEACH, FL. 33483**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when retaining) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	REINHOLD, THOMAS 2070 N.W. 16TH STREET DELRAY BEACH FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE D	BROMBERG, ALFRED 1270 N.W. 22ND AVENUE DELRAY BEACH FL	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP/D
NAME		22 NAME	Clair Bauman
STREET ADDRESS		23 STREET ADDRESS	1300 NW 22nd Ave
CITY - ST - ZIP		24 CITY - ST - ZIP	Delray Beach, FL
TITLE DT	BERNSTEIN, ESTHER 2030 NW 16TH ST. DELRAY BEACH FL	31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T/D
NAME		32 NAME	William H. Orlove
STREET ADDRESS		33 STREET ADDRESS	2105 NW 16th St
CITY - ST - ZIP		34 CITY - ST - ZIP	Delray Beach, FL
TITLE		41 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S/D
NAME		42 NAME	Nancy Minturn
STREET ADDRESS		43 STREET ADDRESS	2050 NW 15th Place
CITY - ST - ZIP		44 CITY - ST - ZIP	Delray Beach, FL
TITLE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas Reinhold **MAR 29, 1995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Please)