## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

(3)

THE VILLAS OF RAINBERRY HOMEOWNERS ASSOCIATION, INC.					
Principal Place	e of Business	Mailing Address			811 ANDRY 251011 01211 01014 01011 A1811 1001
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.: 33483-5514				Date Incorporated or Qualified	3a. Date of Last Report
<u> </u>		1 2 14 18 11		10/17/1979	03/13/1996
	lace of Business	2a. Mailing Address		4. FEI Number 59-2211762	Applied For
Suite, Apt.	# elc	Suite, Apt. #, etc.		00 2211102	Not Applicable  \$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	,	Trust Fund Contribution	Added to Fees
Z <sub>i</sub> p	Country	Zip	Country	8. This corporation has liability for i	
24	9. Name and Address of Curren		30	Florida Statutes  10. Name and Address of New Re	Yes No
	S. Name and Address of Curren	i nofisionen whent	81 Name	IV. Hallie Bilo Rodiese Di Hew No	Neteral Vilette
CALLID	MADITANE				
GALLUP, MARIJANE 235 N.E. 6TH AVE. STE E.			82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
	BEACH, FL,. 33483		83		
			84 City		85 Zip Code
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	es, the above-named country and by the corn	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of changing its registered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 617.0503, Flo	rida Statutes.	oration's board of directors. I hereby accep	it the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS AN		: Registered Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	SD	DELETE	1.1 TITLE	7.02710/10/07 11/10/03 10 07/11	Change Addition
NAME	ABITEET, LILA	_	1.2 NAME	Feitler, Lila	,
STREET ADDRESS	2140 NW 17TH STREET		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	BAUMAN, CLAIR		2.2 NAME		
STREET ADDRESS	1300 NW 22 AV		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
1171.5	DT	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ORLOVE, WILLIAM H.		3.2 NAME		
STREET ADORESS	2105 NW 16 ST		3.3 STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL VPD	<b>■</b> DELETE	3.4. CITY-ST-ZIP	VPD	Change Addition
TITLE NAME	BERMAN, HARVEY	LAS DECER		Bernard Burkoff	The custings The supplication
STREET ADDRESS	2115 NW 17TH STREET		4.3 STREET ADDRESS	800 NW 22nd Ave	
CITY-ST-ZIP	DELRAY BEACH FL		1	Delray Beach, Fl.	
TITLE	DEDUTI DENOTITE	DELETE	5.1 TUTLE	Dellay Seach, Fi.	☐ Change ☐ Addition
NAME		<del></del>	5.2 NAME		· · ·
STREET ADORESS			5.3 STREET ADDRESS		
CITY-Sr-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do horeby 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 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 porporation of the proporation of t

**SIGNATURE:** 

Daytime Phone # 0044829

Date

**FILED** 

Apr 30 1997 8:00am

Secretary of State