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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749370

1. Corporation Name
THE VILLAS OF RAINBERRY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2100 RAINBERRY LAKE DRIVE DELRAY BEACH FL 33445	Mailing Address 2100 RAINBERRY LAKE DRIVE DELRAY BEACH FL 33445
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/17/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2211762
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GOLDER, RANDEE J 1300 PARK OF COMMERCE BLVD DELRAY BEACH, FL. FL 33445	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FEITHLER, LILA		1.2 NAME Silverman, Ruth	
STREET ADDRESS 2140 NW 17TH STREET		1.3 STREET ADDRESS 905 NW 22nd Avenue	
CITY-ST-ZIP DELRAY BEACH FL		1.4 CITY-ST-ZIP Delray Beach, FL	
TITLE DT	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRICKLAND, LESLIE		2.2 NAME Strickland, Leslie	
STREET ADDRESS 850 NW 22ND AVE		2.3 STREET ADDRESS 850 NW 22nd Court	
CITY-ST-ZIP DELRAY BEACH FL 33445		2.4 CITY-ST-ZIP Delray Beach, FL 33445	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BERMAN, HARVEY		3.2 NAME Bodrogi, George	
STREET ADDRESS 2115 NW 17TH ST		3.3 STREET ADDRESS 2235 NW 14th Street	
CITY-ST-ZIP DELRAY BEACH FL 33445		3.4 CITY-ST-ZIP Delray Beach, FL 33445	
TITLE PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BURKOFF, BERNARD		4.2 NAME Caddell, Polly	
STREET ADDRESS 800 NW 22ND AVE		4.3 STREET ADDRESS 2085 NW 16th Street	
CITY-ST-ZIP DELRAY BEACH FL 33445		4.4 CITY-ST-ZIP Delray Beach, FL 33445	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ Date: 3/16/99 Daytime Phone #: 561-272-8528

 Leslie H. Strickland Director/President

CR2E037 (11/98)