

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0053447

03-08-2001 90012 022 ****61.25

DOCUMENT # 749370

1. Entity Name

THE VILLAS OF RAINBERRY HOMEOWNERS ASSOCIATION,

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number 59-2211762	Applied For
	Not Applicable

Zip	Country	Zip	Country
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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

**PUGH, DAVID
235 NE 6TH AVE
DELRAY BEACH FL 33483**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Mako Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVERMAN, RUTH 905 NW 22ND AVE. DELRAY BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRICKLAND, LESLIE 850 NW 22ND AVE DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BODROGI, GEORGE 2235 NW 14TH ST. DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CADELL, POLLY 2085 NW 16TH ST. DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David Piscione 2170 NW 10th St. Delray Beach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD John Dowling 2140 NW 12th St. Delray Beach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Michael Plone 1735 NW 21st Court Delray BEach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED 0305-01**

361.289.2786
 Date Daytime Phone #

CR2E037 (10/00)