

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90131 013 ****61.25

DOCUMENT # 749370
1. Entity Name
THE VILLAS OF RAINBERRY HOMEOWNERS ASSOCIATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2100 Rainberry Lake Drive

3. Mailing Address
235 NE 6th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

DO NOT WRITE IN THIS SPACE

City & State
Delray Beach, FL 33445

City & State
Delray Beach, FL 33483

4. FEI Number
59-2211762

Applied For
 Not Applicable

Zip
33445

Country
USA

Zip
33483

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
David Pugh

Street Address (P.O. Box Number is Not Acceptable)
235 NE 6th Avenue

Suite D

City
Delray Beach **FL** Zip Code **33483**

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 _____

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
John C. Dowling
STREET ADDRESS
2140 NW 12th St.
CITY-ST-ZIP
Delray Beach, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
V-PD
NAME
Dorothy Hilborn
STREET ADDRESS
2170 NW 14th St.
CITY-ST-ZIP
Delray Beach, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
TD
NAME
Michael Plone
STREET ADDRESS
1735 NW 21st Court
CITY-ST-ZIP
Delray Beach, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
SD
NAME
Doris Chapman
STREET ADDRESS
1350 NW 22nd Ave.
CITY-ST-ZIP
Delray Beach, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D
NAME
Richard Bellamy
STREET ADDRESS
2055 NW 16th St.
CITY-ST-ZIP
Delray Beach, FL 33445


TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/18/02 561-272-2617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)