


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 749370 1. Entity Name THE VILLAS OF RAINBERRY HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 2100 RAINBERRY LAKE DRIVE DELRAY BEACH FL 33445	Mailing Address 817 GEORGE BUSH BLVD DELRAY BEACH FL 33483
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-2211762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PUGH, DAVID 817 GEORGE BUSH BLVD DELRAY BEACH FL 33483	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P GODDARD, LINDA	<input type="checkbox"/>
NAME	1150 NW 22ND AVE	
STREET ADDRESS	DELRAY BEACH FL 33445	
CITY-STATE-ZIP		
TITLE	SD CHAPMAN, DORIS	<input type="checkbox"/>
NAME	1350 NW 22ND AVE	
STREET ADDRESS	DELRAY BEACH FL 33445	
CITY-STATE-ZIP		
TITLE	TD BELLAMY, RICHARD	<input type="checkbox"/>
NAME	2055 NW 16TH ST	
STREET ADDRESS	DELRAY BEACH FL 33445	
CITY-STATE-ZIP		
TITLE	VPD FELDMAN, BETH	<input type="checkbox"/>
NAME	2215 NW 10TH PLACE	
STREET ADDRESS	DELRAY BEACH FL 33445	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000632349		
NAME	02/21/07-80018-016 61.25		
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Linda S. Goddard* Date: 2/8/07