# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 3:18
DIVISION OF CORPORATIONS OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749505** **(4)**

1. Corporation Name

**RAINBERRY LAKE HOMEOWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~[illegible]~~ | 2100 RAINBERRY LAKE DR<br>DELRAY BCH FL 33445<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 10/25/1979 | 3a. Date of Last Report: 03/11/1994 |
| 4. FEI Number: 59-1948378 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ | **$68.75** Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| GELFAND, MICHAEL J. ESQ<br>ONE CLEARLAKE CENTRE, STE 1010<br>250 AUSTRALIAN AVE, SOUTH<br>WEST PALM BCH FL 33401 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | PD ☒ Change ☐ Addition |
| NAME | GARLEN, RICHARD A. | 12 NAME | KALTER, ROGER D |
| STREET ADDRESS | 1125 N.W. 19TH TERR. | 13 STREET ADDRESS | 1900 N W 10TH ST. |
| CITY-ST-ZIP | DELRAY BCH FL | 14 CITY-ST-ZIP | DELRAY BEACH, FL 33445 |
| TITLE | D | 21 TITLE | VD ☐ Change ☐ Addition |
| NAME | ALLGROVE, DONALD C. | 22 NAME | STANLEY SKLARROW |
| STREET ADDRESS | 1090 N.W. 19TH TERR. | 23 STREET ADDRESS | 1900 N W 9 ST |
| CITY-ST-ZIP | DELRAY BCH FL | 24 CITY-ST-ZIP | DELRAY BEACH, FL 33445 |
| TITLE | TD | 31 TITLE | TD ☐ Change ☐ Addition |
| NAME | GARLEN, SHEILA | 32 NAME | DANIEL S BOARICK |
| STREET ADDRESS | 1125 N.W. 19TH TERR. | 33 STREET ADDRESS | 1915 N W 9 ST |
| CITY-ST-ZIP | DELRAY BCH FL | 34 CITY-ST-ZIP | DELRAY BEACH, FL 33445 |
| TITLE | VD | 41 TITLE | SD ☐ Change ☐ Addition |
| NAME | PECHO, RICHARD F | 42 NAME | KAREN GUSDIN |
| STREET ADDRESS | 1095 NW 20 AVE | 43 STREET ADDRESS | 1925 N W 9 ST |
| CITY-ST-ZIP | DELRAY BCH FL | 44 CITY-ST-ZIP | DELRAY BEACH, FL 33445 |
| TITLE | SD | 51 TITLE | D ☐ Change ☐ Addition |
| NAME | SWIFT, KARIN C | 52 NAME | NOLTE MCCARTHY |
| STREET ADDRESS | 1220 NW 18 AVE | 53 STREET ADDRESS | 1865 N W 9 ST |
| CITY-ST-ZIP | DELRAY BCH FL | 54 CITY-ST-ZIP | DELRAY BEACH, FL 33445 |
| TITLE | | 61 TITLE | D ☐ Change ☐ Addition |
| NAME | | 62 NAME | KEN EUBANK |
| STREET ADDRESS | | 63 STREET ADDRESS | 2021 N W 9 ST |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | DELRAY BEACH, FL 33445 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** [illegible] Treas. 4-26-95 (407) 278-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012480

13. CONTINUED

D
STANLEY EISBART
1930 N W 9 ST
DELRAY BEACH, FL 33445

D
DONALD C HALLGROVE
1090 N W 19 TERR
DELRAY BEACH, FL 33445

D
MITCHEL HALPER
1050 N W 18 AVE
DELRAY BEACH, FL 33445