

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749505 (4)

1. Corporation Name

RAINBERRY LAKE 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



3. Date Incorporated or Qualified

10/25/1979

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26 1240 S FEDERAL HWY

4. FEI Number

59-1948378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28 BOYNTON BEACH FL

Zip

Country

Zip

Country

24

25

29 33435

30

PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LADWIG, PATTI
1645 PALM BEACH LAKES BLVD.
SUITE 640
WEST PALM BCH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME KALTER, ROGER D.
STREET ADDRESS 1900 NW 10TH ST.
CITY-ST-ZIP DELRAY BEACH FL 33445

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME SKARLOW, STANLEY
STREET ADDRESS 1900 NW 9TH ST.
CITY-ST-ZIP DELRAY BEACH FL 33445

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME BOBRICK, DANIEL S.,
STREET ADDRESS 1915 NW 9TH ST.
CITY-ST-ZIP DELRAY BEACH FL 33445

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GOSDIN, KAREN
STREET ADDRESS 1925 NW 9TH ST.
CITY-ST-ZIP DELRAY BCH FL 33445

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME NOLTE, MCCARTHY
STREET ADDRESS 1885 NW 9TH ST.
CITY-ST-ZIP DELRAY BCH FL 33445

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME EUBANK, KEN
STREET ADDRESS 2025 NW 9TH ST.
CITY-ST-ZIP DELRAY BEACH FL 33445

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL S BOBRICK, TREAS.

2-10-96

Date

(407)278-4850

Daytime Phone #

CR2E037 (12/95)