

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 1240 S FEDERAL HWY BOYNTON BCH FL 33435-6041 US

3. Date Incorporated or Qualified: 10/25/1979  
3a. Date of Last Report: 02/14/1996  
4. FEI Number: 59-1948378  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$6.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 27  
Zip: 23  
Country: 25  
24

9. Name and Address of Current Registered Agent  
LADWIG, PATTI  
1645 PALM BEACH LAKES BLVD.  
SUITE 640  
WEST PALM BCH FL 33401

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	KALTER, ROGER D. .
STREET ADDRESS	1900 NW 10TH ST.
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	SKARLOW, STANLEY
STREET ADDRESS	1900 NW 9TH ST.
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	TD <input type="checkbox"/> DELETE
NAME	BOBRICK, DANIEL S. ,
STREET ADDRESS	1915 NW 9TH ST.
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	D <input type="checkbox"/> DELETE
NAME	GOSDIN, KAREN
STREET ADDRESS	1925 NW 9TH ST.
CITY-ST-ZIP	DELRAY BCH FL 33445
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NOLTE, MCCARTHY
STREET ADDRESS	1885 NW 9TH ST.
CITY-ST-ZIP	DELRAY BCH FL 33445
TITLE	D <input type="checkbox"/> DELETE
NAME	EUBANK, KEN
STREET ADDRESS	2025 NW 9TH ST.
CITY-ST-ZIP	DELRAY BEACH FL 33445

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Carol J. Bobrick* (CAROL BOBRICK) Treas 1-17-97 (561) 278-4510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042316

CR2E037 (9/96)