(9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

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Apr 09, 2002 8:00 am § Secretary of State DOCUMENT # **749505** 1. Entity Name 04-09-2002 90045 038 ****61.25 - RAINBERRY-LAKE: HOMEOWNERS ASSOCIATION, INC. -Principal Place of Business Mailing Address G.R.S. MANAGEMENT ASSOCIATES, INC. G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 201 3900 WOODLAKE BLVD.. SUITE 201 LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1948378 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LADWIG, PATTI H P. A. WELLINGTON COUNTRY PLAZA #2765 W. FOREST HILL BLVD., STE 1317 Zip Code City WELLINGTON EL 33414 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 **54** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. V A O TITLE D. ☐ Delete TITI F Borges Evelia NAME: NAME ESCLOPIS; FERNANDO STREET ADDRESS STREET ADDRESS 1845 NW 10 ST CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33445 Delete Change C. I Addition TITLE MARVIN Gregory 1940 NW, OST NAME MARVIN, GREGORY NAME STREET ADDRESS STREET ADDRESS 1940 NW 10 ST Del P. Ay But CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33445 Addition Delete Change TITLE VPD NESTA HARK NAME SPINA, AL NAME DELRAY BLL STREET ADDRESS STREET ADDRESS 1075 NW-19-TR - ---CITY-ST-ZIP CITY-ST-7IP DELRAY BEACH FL 33445 TITLE ☑ Delete TITLE [Addition PD 1090 NW ight TERR. Delicar ore! NAME ALLGROVE, DONALD NAME AllGROVE. STREET ADDRESS STREET ADDRESS 1090 NW 19 TR CITY-ST-ZIP CITY-ST-7IP DELRAY BEACH FL 33445 Delete ☐ Change Addition TITLE TITLE icholson Chris NAME Saunder, Bart. NAME 1920 NW am STREET STREET ADDRESS STREET ADDRESS 1935 NW 9TH:ST CITY-ST-ZIP CITY-ST-7/P DelRAY Bch. DELRAY BEACH FL 33445 Addition TITLE SD Delete TITLE Change JOHNSON. NAME guelio. Borus NAME STREET ADDRESS NW 94 STREET STREET ADDRESS 1195 NW 20TH AVENUE CITY-ST-ZIP CITY-ST-7IP FL 33445 DELRAY BEACH FL 33445 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 Block 11 if