

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90071 033 ****61.25

DOCUMENT # 749505

1. Entity Name
RAINBERRY LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH, FL 33463

Mailing Address
G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH, FL 33463 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1948378

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKALAR BROUGH & CHADROW, P.A.
150 SOUTH PINE ISLAND RD
SUITE 540
PLANTATION, FL 33324-2669

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ESCLOPIS, FERNANDO**
STREET ADDRESS **1845 NW 10 ST**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **D** ☐ Change ☒ Addition
NAME **Goodman, Ellen**
STREET ADDRESS **1010 NW 20th Ave**
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **PD** ☒ Delete
NAME **SPINA, ALFRED**
STREET ADDRESS **1075 N.W. 19TH TER**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **D** ☒ Change ☐ Addition
NAME **Spina, Alfred**
STREET ADDRESS **1075 NW 19th Terr.**
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **VPD** ☒ Delete
NAME **BORGES, EVELIA**
STREET ADDRESS **1195 NW 20TH AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **PD** ☒ Change ☐ Addition
NAME **Borges, Evelio**
STREET ADDRESS **1195 NW 20th Ave**
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **D** ☐ Delete
NAME **SMULIR, ROBERT**
STREET ADDRESS **1060 N.W. 28TH AVE.**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Wickwire, Kathy**
STREET ADDRESS **940 Rainberry Lake Dr**
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **TD** ☐ Delete
NAME **NESTA, MARK**
STREET ADDRESS **1175 NW 20TH AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **TD** ☐ Change ☒ Addition
NAME **Mark NESTA**
STREET ADDRESS **1175 N.W. 20th Ave**
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **SD** ☒ Delete
NAME **NICHOLSON, CHRIS**
STREET ADDRESS **1920 NW 9TH STREET**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **SD** ☐ Change ☒ Addition
NAME **Arencibia, Yusimir**
STREET ADDRESS **1840 NW 10th St**
CITY-ST-ZIP **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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathy Wickwire KATHY WICKWIRE

11/5/04 561-330-6634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #