

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90047 050 ****70.00

DOCUMENT # N04751

1. Entity Name

RAINBERRY AT WEST BOCA PROPERTY OWNER'S ASSOCIAT

Principal Place of Business

Mailing Address

% THE TRIAX GROUP
 4201 NORTH DIXIE HIGHWAY
 BOCA RATON FL 33431

% THE TRIAX GROUP
 P.O. BOX 6286
 BOCA RATON FL 33427



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40 THE TRIAX GROUP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 6286

City & State
BOCA RATON FL

City & State

4. FEI Number
59-2465666

Applied For
 Not Applicable

Zip
33427-6286

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

**NORTH, GLORIA O
 301 YAMATO ROAD, SUITE 4120
 NORTHERN TRUST PLAZA
 BOCA RATON FL 33431**

Name
GLORIA O. NORTH

Street Address (P.O. Box Number is Not Acceptable)
2300 GLADES ROAD #203-E

City
BOCA RATON FL Zip Code
33431

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

Gloria O. North

2/23/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PITERA, RICHARD 9980 CENTRAL PARK BLVD., SUITE 314 BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KERR, STACEY 9901 DONNA KLEIN BLVD. BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAZZICALUPO, MARY 21644 STATE RD 7 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Gloria O. North

3/1/00 561-999-8889

CR2E037 (9/99)