

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
 02-13-2001 90078 014 ****70.00

0092248

DOCUMENT # N04751

1. Entity Name

RAINBERRY AT WEST BOCA PROPERTY OWNER'S ASSOCIAT

Principal Place of Business

Mailing Address

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

% 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2465666

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

NORTH, GLORIA O
2300 GLADES ROAD, #203-E
BOCA RATON FL 33431

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.

SIGNATURE

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empower d.

SIGNATURE: *Richard Pitera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/01 561-999-8889

Date

Daytime Phone #

CR2E037 (10/00)