

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739144

FILED  
Apr 08, 2012  
Secretary of State

**Entity Name:** RAINBERRY WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5391 NW 5TH ST  
DELRAY BCH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

5391 NW 5TH ST  
DELRAY BCH, FL 33445

**New Mailing Address:**

**FEI Number:** 59-2051870

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POLLARD, ROY  
5391 NW 5TH ST  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DWARIKA COHEN, TARA  
Address: 534 NW 50TH AVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD  
Name: POLLARD, ROY  
Address: 5391 NW 5TH ST  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPD  
Name: EVANS, THOMAS  
Address: 4763 NW 6TH CT  
City-St-Zip: DELRAY BEACH, FL 33445

Title: GD  
Name: DWARIKA, DENISE  
Address: 595 NW 50TH ST  
City-St-Zip: DELRAY BEACH, FL 33445

Title: GD  
Name: GOULD, DANIEL  
Address: 5086 NW 5TH ST  
City-St-Zip: DELRAY BEACH, FL 33445

Title: GD  
Name: YEE, NADIA  
Address: 536 NW 50TH AVE  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROY POLLARD

TREA

04/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date