

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749370

**FILED**  
**Feb 12, 2013**  
**Secretary of State**  
**CC3998871033**

**Entity Name:** THE VILLAS OF RAINBERRY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2100 RAINBERRY LAKE DRIVE  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

817 GEORGE BUSH BLVD  
C/O GALLUP ACCOUNTING  
DELRAY BEACH, FL 33483

**FEI Number: 59-2211762**

**Certificate of Status Desired: No**

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

PUGH, DAVID  
817 GEORGE BUSH BLVD  
DELRAY BEACH, FL 33483 US

*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

**Officer/Director Detail :**

Title P  
Name GODDARD, LINDA  
Address 1150 NW 22ND AVE  
City-State-Zip: DELRAY BEACH FL 33445

Title SECD  
Name CHAPMAN, DORIS  
Address 1350 NW 22ND AVE  
City-State-Zip: DELRAY BEACH FL 33445

Title TD  
Name KOSCHMEDER, JAMES  
Address 1640 NW 22ND AVE  
City-State-Zip: DELRAY BEACH FL 33445

Title VPD  
Name SCHUHLEIN, ROBERT  
Address 2105 NW 18TH ST  
City-State-Zip: DELRAY BEACH FL 33445

Title P  
Name GODDARD, LINDA  
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Title VPD  
Name SCHUHLEIN, ROBERT  
Address 2105 NW 18TH ST  
City-State-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: JAMES KOSCHMEDER**

**TREASURER**

**02/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date