

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749370

**FILED**  
**Jan 24, 2020**  
**Secretary of State**  
**0780656791CC**

**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:**

100 E. LINTON BLVD.,  
C/O GALLUP ACCOUNTING 406B  
DELRAY BEACH, FL 33483 US

**FEI Number:** 59-2211762

**Certificate of Status Desired:** No

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

HURLEY, DIANA  
100 E. LINTON BLVD.,  
C/O GALLUP ACCOUNTING 406B  
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:** DIANA HURLEY

01/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GOETZ, CLARENCE  
Address        1355 NW 21ST TERRACE  
City-State-Zip: DELRAY BEACH FL 33445

Title           SECD  
Name           COVINGTON, SARA  
Address        2165 NW 14TH ST.  
City-State-Zip: DELRAY BEACH FL 33445

Title           DIRECTOR  
Name           CANGELOSI, KEVIN  
Address        2123 NW 12TH ST.  
City-State-Zip: DELRAY BEACH FL 33445

Title           PRESIDENT  
Name           JOSEPH, LAROCCA  
Address        1600 NW 22ND AVE.  
City-State-Zip: DELRAY BEACH FL 33445

Title           VP  
Name           BUTLER, PATRICIA  
Address        2120 NW 17TH ST.  
City-State-Zip: DELRAY BEACH FL 33445

Title           DIRECTOR  
Name           JACQUI, EISENBERG  
Address        2215 NW 14TH ST.  
City-State-Zip: DELRAY BEACH FL 33445

Title           DIRECTOR  
Name           KUCMEROWSKI, DENNIS  
Address        2075 NW 18TH ST.  
City-State-Zip: DELRAY BEACH FL 33445

Title           DIRECTOR  
Name           MAUL, JEFF  
Address        1610 NW 22ND AVE.  
City-State-Zip: DELRAY BEACH FL 33445

**Continues on page 2**

*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:** JOSEPH LAROCCA

PRESIDENT

01/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTRO  
Name            PROCTOR, EILEEN  
Address        2115 NW 17TH ST.  
City-State-Zip: DELRAY BEACH FL 33445