


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90027 024 ****61.25

DOCUMENT # 739144

1. Entity Name
RAINBERRY WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 6183
 DELRAY BCH, FL 33484**

Mailing Address
**P.O. BOX 6183
 DELRAY BCH, FL 33484**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07072008 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
59-2051870

Applied For
 Not Applicable

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
ROLLARD, ROY 5391 NW 5TH ST DELRAY BEACH, FL 33445	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 12, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DWARIKA COHEN, TARA 534 NW 50TH AVE DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	TARA DWARIKA COHEN 534 NW 50TH AVE DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLLARD, ROY 5391 NW 5TH ST DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE GD NAME STREET ADDRESS CITY-ST-ZIP	DENISE DWARIKA 535 NW 50TH ST DELRAY BEACH FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GD EVANS, THOMAS 4763 NW 6TH CT DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	THOMAS EVANS 4763 NW 6TH CT DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GD DOWLER, BRADLEY 540 NW 48TH AVE DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE GD NAME STREET ADDRESS CITY-ST-ZIP	NADIA YEE 536 NW 50TH AVE DELRAY BEACH FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GD GOULD, DANIEL 5086 NW 5TH ST DELRAY BEACH, FL 33445 <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **JUL 21, 2008** 561-637-6701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #