

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739144

FILED  
Jul 08, 2009  
Secretary of State

Entity Name: RAINBERRY WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 6183  
DELRAY BCH, FL 33484

**New Principal Place of Business:**

5391 NW 5TH ST  
DELRAY BCH, FL 33445

**Current Mailing Address:**

P.O. BOX 6183  
DELRAY BCH, FL 33484

**New Mailing Address:**

FEI Number: 59-2051870      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ROLLARD, 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      ( ) Delete  
Name: DWARIKA COHEN, TARA  
Address: 534 NW 50TH AVE  
City-St-Zip: DELRAY BEACH, FL 33445

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROY POLLARD

PRES

07/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date