

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 749370

1. Entity Name

**THE VILLAS OF RAINBERRY HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**2100 RAINBERRY LAKE DRIVE
DELRAY BEACH FL 33445**

Mailing Address

**817 GEORGE BUSH BLVD
DELRAY BEACH FL 33483**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2211762

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

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

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 re-stating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE: ☐ Delete
NAME: **P**
STREET ADDRESS: **GODDARD, LINDA**
CITY-STATE-ZIP: **1150 NW 22ND AVE
DELRAY BEACH FL 33445**

TITLE: ☐ Delete
NAME: **SD**
STREET ADDRESS: **CHAPMAN, DORIS**
CITY-STATE-ZIP: **1350 NW 22ND AVE
DELRAY BEACH FL 33445**

TITLE: ☐ Delete
NAME: **TD**
STREET ADDRESS: **BELLAMY, RICHARD**
CITY-STATE-ZIP: **2055 NW 16TH ST
DELRAY BEACH FL 33445**

TITLE: ☐ Delete
NAME: **VPD**
STREET ADDRESS: **FELDMAN, BETH**
CITY-STATE-ZIP: **2215 NW 10TH PLACE
DELRAY BEACH FL 33445**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: **U00000632349**
CITY-STATE-ZIP: **02/21/07-80018-016 61.25**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Linda S. Goddard

2/8/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #