4565 NW 3RD DRIVE DELRAY BCH FL 33445

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

4565 NW 3RD DRIVE DELRAY BCH FL 33445

SIGNATURE:

DOCUMENT # 758599 (5)RAINBERRY WOODS SOUTH HOMEOWNERS ASSOCIATION, IN C. Principal Place of Business Mailing Address

FILED

Mar 06 1998 8:00am

Secretary of State

561-496-0480

3. Date incorporated or Qualified 06/02/1981

				4. FEI Number	Applied For	
				NOT APPLICABLE	Not Applicable	
2. Principal PI 21 4627	ace of Business	2a. Malling Address 26 4なるかいい	2 3rd Dr	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Sulte, Apt.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22		27	·	Trust Fund Contribution	Added to Fees	
City & State	01 -1	City & State	2 \ 🖘 L	7. Is this nonprofit corporation a homeown		
23 1 10 100		[28] Je) elray 1.	zn ti		∐ No	
Zip 24 3 344 1	Country D	\ 20 '33445 3	Country	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible	
24 0 077	9. Name and Address of Curr		10 raim is	10. Name and Address of New Registered		
81 Name \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
SMITH, GEORGE 62 Street A				Idense / P. O. Boy Alumber in Alot Appartiable)		
4565 NW 3RD DRIVE				at Address (P.O. Box Number is Not Acceptable)		
	BEACH FL 33445					
5-2-11			84 City-		les Zin Codo	
			84 City	Jelray Bch. Fl	L 85 Zip Code 6	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the objection 617.0503, Florida Statutes.						
SIGNATURE Signature Richard name of registered agent and fine in applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE DATE ONTE: Registered Agent signature required when reinstating)						
12.	Ø FICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF		
TITLE	VO	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition	
NAME	O'ROURKE, DENNIS		1.2 NAME	DENISE BUZZElli		
STREET ADDRESS	4472 NW 3RD DR		1.3 STREET ADDRESS	4490 N.W. 3 Dane	<u>.</u>	
CITY-ST-ZIP	DELRAY BEACH FL	DELETE	1.4 CITY-ST-ZIP	DELON BUCK, FL 33445		
TITLE	STD VALODE DITA	DELETE	2.1 TITLE	STO	Change LL Addition	
NAME	KNOPF, RITA 4802 NW 3RD DRIVE		2.2 NAME 2.3 STREET ADDRESS	DENDIE WATTHENS		
STREET ADDRESS	DELRAY BEACH FL			DURY BUCK FL 3344	5	
CITY-ST-ZIP TITLE	PD PD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	901AY 5005, 12 3544	☐ Change ☐ Addition	
NAME	SMITH, GEORGE		3.2 NAME			
STREET ADDRESS	4565 NW 3RD DR		3.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME	•		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		December	5.4 CITY-ST-ZIP		Change Addition	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME ATRICK ADDRESS			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
14. Liberaby C	ertify that the information supplied	with this filing does not qualify for	6.4 CITY-ST-ZIP	d in Section 119 07(3)(i) Florida Statutes further	certify that the Information	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						