

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737021 (6)
1. Corporation Name
BAYBERRY POINT AT JACARANDA HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
941 SW 94 AVENUE PLANTATION, FL 33324 SAME

3. Date Incorporated or Qualified **10/12/76** 3a. Date of Last Report **4/95**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1769171** Applied For Not Applicable

21 Suite, Apt #, etc 26 Suite, Apt #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **LORAL FROHME**
82 Street Address (P.O. Box Number is Not Acceptable) **941 SW 94 AVENUE**
83
84 City **PLANTATION** FL 85 Zip Code **33324**

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 obligations of, Section 617.0503, Florida Statutes. **4/22/96**

SIGNATURE: Loral Frohme
Signature: Typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	PRESIDENT / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	FISCHER, MICHAEL
STREET ADDRESS		13 STREET ADDRESS	920 BAYBERRY POINT DRIVE
CITY - ST - ZIP		14 CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	<input type="checkbox"/> DELETE	21 TITLE	TREASURER / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	FROHME, LORAL
STREET ADDRESS		23 STREET ADDRESS	941 BAYBERRY POINT DRIVE
CITY - ST - ZIP		24 CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	<input type="checkbox"/> DELETE	31 TITLE	SECRETARY / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	ALLISON, RUTH
STREET ADDRESS		33 STREET ADDRESS	900 BAYBERRY POINT DRIVE
CITY - ST - ZIP		34 CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	900001798059 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	-04/29/96--01031--006
STREET ADDRESS		53 STREET ADDRESS	***61.25
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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.

SIGNATURE: Loral Frohme
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (954) 452-0013
DATE DAYTIME PHONE #

LORAL FROHME

CR2E037 (12/95)