

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**  
 03-15-2001 90200 008 \*\*\*\*61.25

**DOCUMENT # 737021**

1. Entity Name

**BAYBERRY POINT AT JACARANDA HOMEOWNER'S ASSOCIAT**

Principal Place of Business

Mailing Address

941 SW 94TH AVENUE  
 PLANTATION FL 33324

941 SW 94TH AVENUE  
 PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

9590 SW 10 COURT

9590 SW 10 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANTATION FL

PLANTATION FL

4. FEI Number

59-1769171

Applied For

Not Applicable

Zip

Country

Zip

Country

33324

U.S.

33324

US

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

FROHME, LORAL  
 941 SW 94TH AVENUE  
 PLANTATION FL 33324

Name

LORI S FALLICK

Street Address (P.O. Box Number is Not Acceptable)

9590 SW 10 COURT

City

PLANTATION

FL

Zip Code

33324

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.

SIGNATURE

Lori S Fallick

LORI S FALLICK TREASURER

3-15-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, MICHAEL J 920 BAYBERRY PT DRIVE PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FROHME, LORAL 941 BAYBERRY POINT DRIVE PLANTATION FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTER, CHERYL 940 BAYBERRY POINT DRIVE PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAXMAN, LEN 950 BAYBERRY POINT DRIVE PLANTATION FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D MARK JOLLY 9501 PARK LANE PLANTATION FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.O. FALLICK, LORI 9590 SW 10 COURT PLANTATION FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN TED 9550 PARK LANE PLANTATION FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 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: *LORI S FALLICK* LORI S FALLICK 3-15-01 954-4751562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)