


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 737021**

1. Entity Name  
**BAYBERRY POINT AT JACARANDA HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business 900 BAYBERRY POINT DR.E PLANTATION, FL 33324 US	Mailing Address 9590 SW 10 COURT PLANTATION, FL 33324 US
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**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1769171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID SKILES  
 900 BAYBERRY POINT DRIVE  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Type of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

00000128222  
 04/26/04-80029-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, RICHARD 921 BAYBERRY PONT DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKILES, DAVID 900 BATBARRY POINT DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAMPA, ELEANOR 980 BAYBERRY POINT DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** David W Skiles **David W Skiles** 4/21/04 954-4739900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #