

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90190 027 \*\*\*\*61.25

0013441100

**DOCUMENT # 737021**

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



Principal Place of Business  
**9590 SW 10 COURT  
PLANTATION FL 33324  
US**

Mailing Address  
**9590 SW 10 COURT  
PLANTATION FL 33324  
US**

2. Principal Place of Business  
**900 Bayberry Point Dr**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**87**

City & State  
**Plantation FL**

City & State

Zip  
**33324**

Country  
**US**

4. FEI Number **59-1769171**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FALICK, LORI S  
9590 SW 10 COURT  
PLANTATION FL 33324**

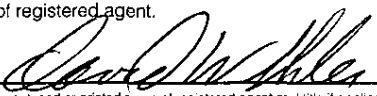
7. Name and Address of New Registered Agent

Name **David Skiles**

Street Address (P.O. Box Number is Not Acceptable)  
**900 Bayberry Point Drive**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/23/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JOLLY, MARK 9501 PARK LANE PLANTATION FL 33324</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD FALICK, LORI 9590 SW 10 COURT PLANTATION FL 33324</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PORTER, CHERYL 940 BAYBERRY POINT DRIVE PLANTATION FL 33324</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOLDSTEIN, TED 9550 PARK LANE PLANTATION FL 33324</b> <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / D Richard Fischer 921 Bayberry Point Dr Plantation FL 33324</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer / D David Skiles 900 Bayberry Point Dr Plantation FL 33324</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary / D Eleanor Grampa 980 Bayberry Point Dr Plantation FL 33324</b> <input type="checkbox"/> Change <input checked="" 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:  **David W. Skiles** 4/23/03 954-473-9900

CR2E037 (10/02)