

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 749705 (0)**  
1. Corporation Name  
**BAYBERRY HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>C/O CONDO ACCOUNTING, INC. 9000 SHERIDAN ST STE 146 PEMBROKE PINES FL 33026</b>	Mailing Address <b>C/O CONDO ACCOUNTING, INC. 9000 SHERIDAN ST STE 146 PEMBROKE PINES FL 33026</b>
---	---

3. Date Incorporated or Qualified <b>11/07/1979</b>		
4. FEI Number <b>59-1953186</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent  
**CONDO ACCOUNTING  
9000 SHERIDAN STR  
STE 146  
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent  
81 Name **Newby, Kelly L**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9000 Sheridan Street #146**  
83  
84 City **Pembroke Pines FL** 85 Zip Code **33024**

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.  
SIGNATURE: *Kelly Newby* DATE: **2-12-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VILLANELEVA, SUSAN</b>	1.2 NAME
STREET ADDRESS	<b>2200 BAYBERRY DR</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIORDANO, PAUL J.</b>	2.2 NAME
STREET ADDRESS	<b>1910 BAYBERRY DRIVE</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CREO, JOE</b>	3.2 NAME
STREET ADDRESS	<b>2301 BAYBERRY DR</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGDYCZ, EDWARD</b>	4.2 NAME
STREET ADDRESS	<b>1800 BAYBERRY DR</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	4.4 CITY-ST-ZIP
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GURLIDES, WILLIAM</b>	5.2 NAME
STREET ADDRESS	<b>1931 BAYBERRY DR</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
2.3 STREET ADDRESS **131 NW 174 WAY**  
**PEMBROKE PINES, FL 33024**  
3.4 CITY-ST-ZIP **33024**  
4.4 CITY-ST-ZIP **33024**

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 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: *Paul J. Giordano* DATE: **1-8-98**

CR2E037 (10/97)