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03-02-1999 90029 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 749705

1. Corporation Name
BAYBERRY HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address

~~C/O CONDO ACCOUNTING, INC.~~
 9000 SHERIDAN ST STE 146-134
 PEMBROKE PINES FL 33026

~~C/O CONDO ACCOUNTING, INC.~~
 9000 SHERIDAN ST STE 146-134
 PEMBROKE PINES FL 33026



| | | |
|---|------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 11/07/1979 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | 59-1953186 |
| 24 Country | 29 Country | Applied For |
| 25 | 30 | Not Applicable |
| 9. Name and Address of Current Registered Agent | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 10. Name and Address of New Registered Agent | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

~~NEWBY, KELLY L~~
 9000 SHERIDAN ST
 #40-134
 PEMBROKE PINES FL 33024

B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
LANDMARK MANAGEMENT SERVICES, INC.
 B3 9000 SHERIDAN STREET SUITE 134
 B4 City **PEMBROKE PINES, FL 33024-8801** FL B5 Zip Code

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 *Kent A. Sube* DATE **7/3/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIORDANO, PAUL J. | 1.2 NAME | |
| STREET ADDRESS | 131 NW 74 WAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33024 | 1.4 CITY-ST-ZIP | |
| TITLE | VP D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CREO, JOE | 2.2 NAME | |
| STREET ADDRESS | 2301 BAYBERRY DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33024 | 2.4 CITY-ST-ZIP | |
| TITLE | VP D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAGDYCZ, EDWARD | 3.2 NAME | |
| STREET ADDRESS | 1800 BAYBERRY DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33024 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | EVELIA MADERA - DT |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 2051 BAYBERRY DRIVE |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33024 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | KAREN RISBERG - D |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 1830 BAYBERRY DRIVE |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33024 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | SD MURRAY GRANT |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 1871 BAYBERRY DR. |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | PEMBROKE PINES FL 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, with all other like empowered.

SIGNATURE: *Edward J. Magdycz* **President** DATE: **2/3/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)