

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90444 028 ****61.25

DOCUMENT # 749705 ✓
 1. Entity Name
BAYBERRY HOMEOWNER'S ASSOCIATION, INC

Principal Place of Business Mailing Address
LANDMARK MANAGEMENT SERVICES, INC ← SAME
12323 SW 55 Street Suite 1002
Cooper City FL 33330

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1953186** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LANDMARK MANAGEMENT SERVICES, INC.
12323 SW 55 St. Suite 1002
Cooper City, FL 33330

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Kath Serna DATE 4/28/2000
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	CROO, JOE	
STREET ADDRESS	2301 BAYBERRY DR.	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Edward Magdycz	
STREET ADDRESS	1800 Bayberry Dr.	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MADERA, EVELIA	
STREET ADDRESS	2051 BAYBERRY DR.	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RISEBERG, KAREN	
STREET ADDRESS	1830 BAYBERRY DR.	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Grant, Murray	
STREET ADDRESS	1821 Bayberry Dr.	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCK, MICHELE	
STREET ADDRESS	2290 BAYBERRY DRIVE	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature] DATE 5/1/2000 DAYTIME PHONE # 954-680 9545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)