


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90262 004 ****61.25

DOCUMENT # 749705					
1. Entity Name BAYBERRY HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business % LANDMARK MANAGEMENT SERVICES, INC. 1941 NW 150TH AVE PEMBROKE PINES, FL 33028			Mailing Address % LANDMARK MANAGEMENT SERVICES, INC. 1941 NW 150TH AVE PEMBROKE PINES, FL 33028		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1953186	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANDMARK MGMNT SERVICES, INC. 1941 NW 150TH AVE PEMBROKE PINES, FL 33028			Name <u>Randall Roger + Assoc. P.A.</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>621 NW 53 St.</u>		
			Suite <u>300</u>		
			City <u>Boca Raton FL FL</u>		Zip Code <u>33487</u>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	RONAY, MARION <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RONAY, MARYANN	NAME			
STREET ADDRESS	1950 BAYBERRY DR	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIARDINO, WILLIAM	NAME			
STREET ADDRESS	1700 BAYBERRY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DURHAM, MICHAEL	NAME			
STREET ADDRESS	1811 BAYBERRY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAYERLE, KATHY	NAME			
STREET ADDRESS	1760 BAYBERRY DR	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REDMOUR, LINDA	NAME			
STREET ADDRESS	1981 BAYBERRY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Marion Ronay</u>		Date: <u>4/17/07</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			