

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


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

04-28-2003 91302 044 ****61.25

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DOCUMENT # 749705

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



Principal Place of Business Mailing Address

% LANDMARK MANAGEMENT SERVICES, INC. **% LANDMARK MANAGEMENT SERVICES, INC.**
12323 SW 55 ST BLDG 1000 STE 1002 12323 SW 55 ST BLDG 1000 STE 1002
COOPER CITY FL 33330 COOPER CITY FL 33330

11024157



CHECK HERE IF MAKING CHANGES

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**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

LANDMARK MGMNT SERVICES, INC.
12323 SW 55 ST BLDG 1000 STE 1002
COOPER CITY FL 33330

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

SIGNATURE *Kerol A. Suber* DATE **2/20/03**

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CREO, JOE <input checked="" type="checkbox"/> Delete 2301 BAYBERRY DR PEMBROKE PINES FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Craig Disbee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7040 BAYBERRY DRIVE PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGDYCZ, EDWARD <input type="checkbox"/> Delete 1800 BAYBERRY DR PEMBROKE PINES FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD William Giardino <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1700 BAYBERRY DRIVE PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANT, MURRAY <input type="checkbox"/> Delete 1821 BAYBERRY DR PEMBROKE PINES FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEITHS, KENNETH E <input checked="" type="checkbox"/> Delete 2081 BAYBERRY DR PEMBROKE PINES FL 33024	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"/> Delete	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: *Elena M. Magdy* **1-22-03**

CR2E037 (10/02)