

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17734 (7)

1. Corporation Name
BAYBERRY ESTATES HOMEOWNERS'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
3919 BAYBERRY DR MELBOURNE FL 32901 **3919 BAYBERRY DR MELBOURNE FL 32901**

3. Date Incorporated or Qualified **11/12/1986** 3a. Date of Last Report **06/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2802373	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip			<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BENCZE, ROBERT J
3948 BAYBERRY DR
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81	Name	Jean Schroedel
82	Street Address (P.O. Box Number is Not Acceptable)	4101 Bayberry Drive
83		
84	City	Melbourne
		FL
85	Zip Code	32901

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 *Jean Schroedel* (NOTE: Registered Agent signature required when reinstating) DATE **3-5-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDEL, JEAN	1.2 NAME	SCHROEDEL, JEAN
STREET ADDRESS	4101 BAYBERRY DR	1.3 STREET ADDRESS	4101 Bayberry Drive
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMULLEN, CONNIE	2.2 NAME	RESTIVO, KIM
STREET ADDRESS	4001 BAYBERRY DR	2.3 STREET ADDRESS	4037 Bayberry Drive
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIFTT, NAOMIE	3.2 NAME	DiMATTEO, CARMELLA
STREET ADDRESS	3963 BAYBERRY DR	3.3 STREET ADDRESS	4013 Bayberry Drive
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARULLI, TONY	4.2 NAME	CARULLI, TONY
STREET ADDRESS	3969 BAYBERRY DR	4.3 STREET ADDRESS	3969 Bayberry Drive
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, MURIEL	5.2 NAME	SCHULTZ, KATHY
STREET ADDRESS	3952 BAYBERRY DR	5.3 STREET ADDRESS	4022 Marlberry Lane
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENCZE, ROBERT J	6.2 NAME	PERRY, CHARLOTTE
STREET ADDRESS	3948 BAYBERRY DR	6.3 STREET ADDRESS	3980 Bayberry Drive
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	Melbourne, FL 32901

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jean Schroedel* DATE: **3-5-96** DAYTIME PHONE #

CR2E037 (12/95)