

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 3919 BAYBERRY DR MELBOURNE FL 32901  
Mailing Address: 3919 BAYBERRY DR MELBOURNE FL 32901-8422

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/12/1986	03/26/1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-2802373	Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				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				10. Name and Address of New Registered Agent			
SCHROEDEL, JEAN 4101 BAYBERRY DRIVE MELBOURNE FL 32901				81. Name	RESTIVO, KIMBERLY		
				82. Street Address (P.O. Box Number is Not Acceptable)	3929 Bayberry Drive		
				83.			
				84. City	Melbourne	85. Zip Code	FL 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 617.0502, Florida Statutes.

SIGNATURE: *Kimberly Restivo* (NOTE: Registered Agent signature required when reinstating) DATE: 4-16-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHROEDEL, JEAN			1.2 NAME	SMITH, Jerry		
STREET ADDRESS	4104 BAYBERRY DRIVE			1.3 STREET ADDRESS	4170 Bayberry Drive		
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-ST-ZIP	Melbourne, FL 32901		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RESTIVO, KIM			2.2 NAME	RESTIVO, KIMBERLY		
STREET ADDRESS	4037 BAYBERRY DRIVE			2.3 STREET ADDRESS	3929 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	DIMATTEO, CARMELLA			3.2 NAME	LINGLE, Samuel		
STREET ADDRESS	4013 BAYBERRY DRIVE			3.3 STREET ADDRESS	4161 Bayberry Drive		
CITY-ST-ZIP	MELBOURNE FL			3.4 CITY-ST-ZIP	Melbourne, FL 32901		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARULLI, TONY			4.2 NAME	LARSON, Diane		
STREET ADDRESS	3969 BAYBERRY DRIVE			4.3 STREET ADDRESS	3925 Bayberry Drive		
CITY-ST-ZIP	MELBOURNE FL			4.4 CITY-ST-ZIP	Melbourne, FL 32901		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHULTZ, KATHY			5.2 NAME	REINHART, Elaine		
STREET ADDRESS	4022 MARLBERRY LANE			5.3 STREET ADDRESS	3953 Bayberry Drive		
CITY-ST-ZIP	MELBOURNE FL			5.4 CITY-ST-ZIP	Melbourne, FL 32901		
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERRY, CHARLOTTE			6.2 NAME			
STREET ADDRESS	3980 BAYBERRY DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *C. Perry* 3-28-97

CR2E037 (9/96)