


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
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 30		3. Date Incorporated or Qualified 11/12/1986	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2802373		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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 SCHROEDEL, JEAN 4101 BAYBERRY DRIVE MELBOURNE FL 32901		10. Name and Address of New Registered Agent 81 Name RESTIVO, KIMBERLY 82 Street Address (P.O. Box Number is Not Acceptable) 3929 Bayberry Drive 83 84 City Melbourne FL 85 Zip Code 32901	
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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* 4-16-97
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD 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	3909 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* 3-28-97 407/684 1122

CR2E037 (9/96)