

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 11/12/1986	
4. FEI Number 59-2802373	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**RESTIVO, KIMBERLY
3929 BAYBERRY DRIVE
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name
Charlotte A. Perry
82 Street Address (P.O. Box Number is Not Acceptable)
3980 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 *Charlotte A. Perry* DATE **4/3/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JERRY	1.2 NAME	WENDRZYK, CHET
STREET ADDRESS	4107 BAYBERRY DRIVE	1.3 STREET ADDRESS	4054 Marlberry Lane
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESTIVO, KIM	2.2 NAME	HARMON, JOSEPH
STREET ADDRESS	4037 BAYBERRY DRIVE	2.3 STREET ADDRESS	3989 Bayberry Drive
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINGLE, SAMUEL	3.2 NAME	POWELL, MARY E.
STREET ADDRESS	4161 BAYBERRY DRIVE	3.3 STREET ADDRESS	4030 Bayberry Drive
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, DIANE	4.2 NAME	HERBERT, DAVID
STREET ADDRESS	3925 BAYBERRY DRIVE	4.3 STREET ADDRESS	4125 Bayberry Drive
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINHART, ELAINE	5.2 NAME	BAUER, ROBERT O.
STREET ADDRESS	3953 BAYBERRY DRIVE	5.3 STREET ADDRESS	4034 Marlberry Lane
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, CHARLOTTE	6.2 NAME	PERRY, CHARLOTTE
STREET ADDRESS	3980 BAYBERRY DRIVE	6.3 STREET ADDRESS	3980 Bayberry Drive
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	Melbourne, FL 32901

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14. 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 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: *Charlotte A. Perry* DATE: **3/7/98** 407-984-6622

CF2E037 (10/97)