

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3919 BAYBERRY DR MELBOURNE FL 32901</b>	Mailing Address <b>3919 BAYBERRY DR MELBOURNE FL 32901</b>
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3. Date Incorporated or Qualified <b>11/12/1986</b>
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4. FEI Number <b>59-2802373</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>RESTIVO, KIMBERLY 3929 BAYBERRY DRIVE MELBOURNE FL 32901</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>Charlotte A. Perry</b> <b>82</b> Street Address (P.O. Box Number Is Not Acceptable) <b>3980 Bayberry Drive</b> <b>83</b> City <b>Melbourne</b> <b>FL</b> <b>85</b> Zip Code <b>32901</b>
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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 617.0503, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, JERRY 4107 BAYBERRY DRIVE MELBOURNE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RESTIVO, KIM 4037 BAYBERRY DRIVE MELBOURNE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINGLE, SAMUEL 4161 BAYBERRY DRIVE MELBOURNE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, DIANE 3925 BAYBERRY DRIVE MELBOURNE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINHART, ELAINE 3953 BAYBERRY DRIVE MELBOURNE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRY, CHARLOTTE 3980 BAYBERRY DRIVE MELBOURNE FL <input type="checkbox"/> DELETE

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

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**

CP2E037 (10/97)