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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90010 049 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17734

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/12/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2802373	
24 Country		29 Country		30	
5. Certificate of Status Desired				Applied For	
				Not Applicable	
6. Election Campaign Financing				Trust Fund Contribution	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**PERRY, CHARLOTTE A
3980 BAYBERRY DR
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name
Hugh Bowie
82 Street Address (P.O. Box Number is Not Acceptable)
4109 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

Hugh Bowie

Hugh Bowie, President

2/22/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WENDRZYK, CHET	
STREET ADDRESS	4054 MARLBERRY LANE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RESTIVO, KIM	
STREET ADDRESS	4037 BAYBERRY DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LINGLE, SAMUEL	
STREET ADDRESS	4161 BAYBERRY DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LARSON, DIANE	
STREET ADDRESS	3925 BAYBERRY DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REINHART, ELAINE	
STREET ADDRESS	3953 BAYBERRY DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	PERRY, CHARLOTTE	
STREET ADDRESS	3980 BAYBERRY DRIVE	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hugh Bowie	
1.3 STREET ADDRESS	4109 Bayberry Dr.	
1.4 CITY-ST-ZIP	Melbourne, FL 32901	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kathryn A. Schultz	
2.3 STREET ADDRESS	4022 Marlberry Ln	
2.4 CITY-ST-ZIP	Melbourne, FL 32901	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michelle E. Straka	
3.3 STREET ADDRESS	4018 Marlberry Ln	
3.4 CITY-ST-ZIP	Melbourne, FL 32901	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Charlotte A. Perry	
4.3 STREET ADDRESS	3980 Bayberry Dr.	
4.4 CITY-ST-ZIP	Melbourne, FL 32901	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James L. Parker	
5.3 STREET ADDRESS	4120 Bayberry Dr.	
5.4 CITY-ST-ZIP	Melbourne, FL 32901	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Edward F. Bollinger	
6.3 STREET ADDRESS	3944 Bayberry Dr.	
6.4 CITY-ST-ZIP	Melbourne, FL 32901	

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, with all other like empowered.

SIGNATURE: *Charlotte A. Perry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 407-984-6622

Daytime Phone #

CR2E037 (1/98)