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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/12/1986	4. FEI Number 59-2802373	Applied For 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		

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			
				85 FL		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** DATE 2/22/99

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 PD	WENDRZYK, CHET 4054 MARLBERRY LANE MELBOURNE FL 32901	<input checked="" type="checkbox"/> DELETE	
TITLE SD	RESTIVO, KIM 4037 BAYBERRY DRIVE MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	
TITLE D	LINGLE, SAMUEL 4161 BAYBERRY DRIVE MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	
TITLE D	LARSON, DIANE 3925 BAYBERRY DRIVE MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	
TITLE D	REINHART, ELAINE 3953 BAYBERRY DRIVE MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	
TITLE TS	PERRY, CHARLOTTE 3980 BAYBERRY DRIVE MELBOURNE FL	<input type="checkbox"/> DELETE	
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 **REQUIRED** DATE: 2/8/99 DAYTIME PHONE #: 407-984-6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)