

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17734

1. Entity Name

BAYBERRY ESTATES HOMEOWNERS'S ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90132 023 ****61.25

Principal Place of Business

Mailing Address

**3919 BAYBERRY DR
 MELBOURNE FL 32901**

**3919 BAYBERRY DR
 MELBOURNE FL 32901-8422**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2802373

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWIE, HUGH
 4109 BAYBERRY DR
 MELBOURNE FL 32901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOWIE, HUGH	
STREET ADDRESS	4109 BAYBERRY DR	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, KATHRYN A	
STREET ADDRESS	4022 MARLBERRY LN	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STRAKA, MICHELLE E	
STREET ADDRESS	4018 MARLBERRY LN	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERRY, CHARLOTTE A	
STREET ADDRESS	3980 BAYBERRY DR	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, JAMES L	
STREET ADDRESS	4120 BAYBERRY DR	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLLINGER, EDWARD F	
STREET ADDRESS	3944 BAYBERRY DR	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manoleas, Janet E.	
STREET ADDRESS	4137 Bayberry Dr	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rappa, Vincent	
STREET ADDRESS	4073 Bayberry Dr	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perry, Charlotte A.	
STREET ADDRESS	3980 Bayberry Dr	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parker, James L.	
STREET ADDRESS	4120 Bayberry Dr	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE *Regina Bowie*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 FEB 2000 321/728-8967
 Date Daytime Phone #

CR2E037 (9/99)