

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90023 040 ****61.25

DOCUMENT # N17734

1. Entity Name

BAYBERRY ESTATES HOMEOWNERS'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3919 BAYBERRY DR
MELBOURNE FL 32901****3919 BAYBERRY DR
MELBOURNE FL 32901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2802373

Applied For

Not Applicable

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

ABBEY, MARK S.

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

4129 Bayberry Drive

City

Melbourne**FL**

Zip Code

32901

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

3-18-02**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 checked="" type="checkbox"/> Delete |
| NAME | BOWIE, HUGH | |
| STREET ADDRESS | 4109 BAYBERRY DR | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ABBEY, MARK S | |
| STREET ADDRESS | 4129 BAYBERRY DR | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DEBUSK, JR., BILLY M | |
| STREET ADDRESS | 3997 BAYBERRY DR | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | PERRY, CHARLOTTE A | |
| STREET ADDRESS | 3980 BAYBERRY DR | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | PARKER, JAMES L | |
| STREET ADDRESS | 4120 BAYBERRY DR | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HARMON, SR., JOSEPH A | |
| STREET ADDRESS | 3989 BAYBERRY DR | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | |

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABBEY, MARK S. | |
| STREET ADDRESS | 4129 Bayberry Drive | |
| CITY-ST-ZIP | Melbourne, FL 32901 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FLEMING, EDWIN D. | |
| STREET ADDRESS | 3961 Bayberry Drive | |
| CITY-ST-ZIP | Melbourne, FL 32901 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARDING, JOHN | |
| STREET ADDRESS | 3957 Bayberry Drive | |
| CITY-ST-ZIP | Melbourne, FL 32901 | |
| TITLE | ST | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERRY, CHARLOTTE A. | |
| STREET ADDRESS | 3980 Bayberry Drive | |
| CITY-ST-ZIP | Melbourne, FL 32901 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSON, MARCIA A. | |
| STREET ADDRESS | 4041 Bayberry Drive | |
| CITY-ST-ZIP | Melbourne, FL 32901 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SPARKS, JEAN E. | |
| STREET ADDRESS | 4017 Bayberry Drive | |
| CITY-ST-ZIP | Melbourne, FL 32901 | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321/984-6622

0013723

CR2E037 (9/01)