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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17734** **(7)**

1. Corporation Name

BAYBERRY ESTATES HOMEOWNERS'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3919 BAYBERRY DR MELBOURNE FL 32901	3919 BAYBERRY DR MELBOURNE FL 32901-8422

3. Date Incorporated or Qualified: 11/12/1986

3a. Date of Last Report: 03/26/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2802373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHROEDEL, JEAN 4101 BAYBERRY DRIVE MELBOURNE FL 32901	81 Name: RESTIVO, KIMBERLY 82 Street Address (P.O. Box Number is Not Acceptable): 3929 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: Kimberly Restivo 4-16-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	SCHROEDEL, JEAN		1.2 NAME	SMITH, Jerry	
STREET ADDRESS	4104 BAYBERRY DRIVE		1.3 STREET ADDRESS	4170 Bayberry Drive	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	SD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	RESTIVO, KIM		2.2 NAME	RESTIVO, KIMBERLY	
STREET ADDRESS	4037 BAYBERRY DRIVE		2.3 STREET ADDRESS	3929 Bayberry Drive	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DIMATTEO, CARMELLA		3.2 NAME	LINGLE, Samuel	
STREET ADDRESS	4013 BAYBERRY DRIVE		3.3 STREET ADDRESS	4161 Bayberry Drive	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	VD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	CARULLI, TONY		4.2 NAME	LARSON, Diane	
STREET ADDRESS	3969 BAYBERRY DRIVE		4.3 STREET ADDRESS	3925 Bayberry Drive	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHULTZ, KATHY		5.2 NAME	REINHART, Elaine	
STREET ADDRESS	4022 MARLBERRY LANE		5.3 STREET ADDRESS	3953 Bayberry Drive	
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	T	☐ DELETE	6.1 TITLE	ST	☒ Change ☐ Addition
NAME	PERRY, CHARLOTTE		6.2 NAME		
STREET ADDRESS	3980 BAYBERRY DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: [illegible] 3-28-97