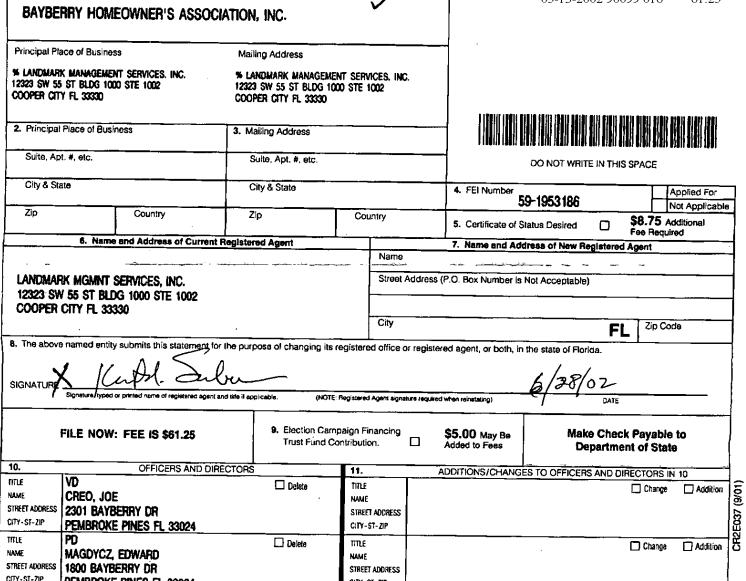
2002 UNIFORM BUSINESS REPOR™ (UBR)

DOCUMENT # **749705** BAYBERRY HOMEOWNER'S ASSOCIATION, INC.

FILED Jul 08, 2002 8:00 am **Secrétary of State**

05-13-2002 90099 016 ****61.25



CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-ZIP TIFLE ☐ Delete TITLE Change ☐ Addition NAME MADERA, EVELIA --NAME STREET ADDRESS 2051 BAYBERRY DR STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-71P DKENNETH E. WEITHE Change 20 G. BAYBERRY DK. PEMBROKE PINES FLA TITLE TITLE Addition NAME riseberg, Karen NAME STREET ADDRESS 1830 BAYBERRY DR STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GRANT, MURRAY NAME NAME STREET ADDRESS 1821 BAYBERRY DR STREET ADDRESS CITY-ST-ZIF PEMBROKE PINES FL 33024 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 oalh; 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.

SKUMATURE AND TYPED OR PRINTED NAME OF S

Davilina Phone &



Stachment

38028

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

May 20, 2002

BAYBERRY HOMEOWNER"S ASSOCIATION, INC. % LANDMARK MANAGEMENT SERVICES, INC. 12323 SW 55 ST BLDG 1000 STE 1002 COOPER CITY, FL 33330

Subject: BAYBERRY HOMEOWNER''S ASSOCIATION, INC.

Reference Number:

749705

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at-(850) 488-9000.

/ML

ANNUAL REPORTS SECTION