2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State
03-30-2006 90028 030 ****61.25

DOCUMENT # 749705

1. Entity Name
BAYBERRY HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% LANDMARK MANAGEMENT SERVICES, INC. 12323 SW 55 ST BLDG 1000 STE 1002 COOPER CITY, FL 33330	% LANDMARK MANAGEMENT SERVICES, INC. 12323 SW 55 ST BLDG 1000 STE 1002 COOPER CITY, FL 33330

01102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
c/o Landmark Mgt Services	c/o Landmark Mgt Services
Suite, Apt. #, etc. 1941 NW 150 St.	Suite, Apt. #, etc. 1941 NW 150 Avenue
City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33028 Country	Zip 33028 Country

4. FEI Number
59-1953186
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANDMARK MGMNT SERVICES, INC.
~~12323 SW 55 ST BLDG 1000 STE 1002~~ 1941 NW 150 Avenue
~~COOPER CITY, FL 33330~~ Pembroke Pines, FL 33028

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAGDYCZ, EDWARD 1800 BAYBERRY DR PEMBROKE PINES, FL 33024	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Maryann Reway 1950 Bayberry Dr. Pembroke Pines, FL 33024	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GIARDINO, WILLIAM 1700 BAYBERRY DRIVE PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DURHAM, MICHAEL 1811 BAYBERRY DRIVE PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FUTCH, JEFFREY 2150 BAYBERRY DRIVE PEMBROKE PINES, FL 33024	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Kathy Mayerle 1760 Bayberry Dr Pembroke Pines, FL 33024	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REDMOUR, LINDA 1981 BAYBERRY DRIVE PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: J Michael Dunn 3/21/07 954-392-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #