2008 NOT-FOR-PROFIT CORPORATION

BIGNATURE AND TYPED OR PRINTED NAME OF SI

Feb 26, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #749705** 02-26-2008 90004 019 ****61.25 BAYBERRY HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 40036100 % LANDMARK MANAGEMENT SERVICES, INC. % LANDMARK MANAGEMENT SERVICES, INC. 1941 NW 150TH AVE 1941 NW 150TH AVE PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-1953186 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent RANDALL ROGAR & ASSOC. P.A. Street Address (P.O. Box Number is Not Acceptable) 621 NW 53 ST SUITE 300 BOCA RATON, FL 33487 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD TITLE Delete TITLE Change Addition RONAY, MARION NAME NAME STREET ADDRESS 1950 BAYBERRY DR STREET ADDRESS PEMBROKE PINES, FL 33024 CITY-ST-ZIP CITY-ST-ZIP STD Change ☐ Addition TITLE ☐ Delete TITLE NAME GIARDINO, WILLIAM 1700 BAYBERRY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP VPD ☐ Delete Addition TITLE TITLE REDMOUR, LINDA NAME MAAR STREET ADDRESS 1981 BAYBERRY DRIVE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITI F Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

RECTOR

2/19/08

Daytime Phone #

FILED