


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90006 042 ****61.25

DOCUMENT # N17734 1. Entity Name BAYBERRY ESTATES HOMEOWNERS'S ASSOCIATION, INC.					
Principal Place of Business 3919 BAYBERRY DR MELBOURNE FL 32901			Mailing Address 3919 BAYBERRY DR MELBOURNE FL 32901		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2802373	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEMING, EDWIN 3961 BAYBERRY DR MELBOURNE FL 32901				7. Name and Address of New Registered Agent Name SCHNEIDER, GAIL Street Address (P.O. Box Number is Not Acceptable) 3957 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>GAIL SCHNEIDER, President</u> <i>Gail Schneider</i> <u>2/3/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP FLEMING, EDWIN D 3961 BAYBERRY DR MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHNEIDER, Gail 3957 Bayberry Drive Melbourne, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP PIONTKOWSKI, ALLEN 3952 BAYBERRY DR MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CALHOON, Athena J. 3968 Bayberry Drive Melbourne, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILHOL, JOSE C 3924 BAYBERRY DR MELBOURNE FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, Yvonne A. 3953 Bayberry Drive Melbourne, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PERRY, CHARLOTTE A 3980 BAYBERRY DR MELBOURNE FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMALL, Patrick J. 3940 Bayberry Drive Melbourne, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, SHERYLL L 4034 MARLBERRY LANE MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Charlotte Perry</i> CHARLOTTE A. PERRY <u>2/3/2007</u> <u>321/984-6622</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					