


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 041 ****61.25

DOCUMENT # N21510 1. Entity Name HOMEOWNERS ASSOCIATION OF BAYBERRY VILLAGE, INC.					
Principal Place of Business 12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990 US				Mailing Address 12600 NW HARBOUR BLVD PALM CITY, FL 34990 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2837395	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORNETT, JANE L CORNETT, GOOGE & ASSOCIATES, PA 401 E OSCEOLA ST STUART, FL 34995-0066				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, THOMAS D		NAME	Henry J. Cauceglia	
STREET ADDRESS	1826 BUTTON BUSH CIRCLE		STREET ADDRESS	1822 Buttonbush Circle	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	Palm City, FL 34990	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARCE, MAUREEN		NAME	Donald H. Polk	
STREET ADDRESS	1815 BUTTONBUSH CIR		STREET ADDRESS	1809 Buttonbush Circle	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	Palm City, FL 34990	
TITLE	DST	<input type="checkbox"/> Delete	TITLE		
NAME	CUNNINGHAM, KATIE		NAME		
STREET ADDRESS	1823 BUTTONBUSH CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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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 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: <i>Donald H. Polk</i> Donald H. Polk 4-18-08 772-621-9084					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					