

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham *
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -7 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N30813** (2)
1. Corporation Name
BAYBROOK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P O BOX 905 P O BOX 905
OLDSMAR FL 34677 OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/22/1989** 3a. Date of Last Report **03/28/1994**
4. FEI Number **59-3001984** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REESE, MICHAEL K.
OAKDALE PROFESSIONAL CENTER
38426 US HWY 19 NORTH
PALM HARBOR FL 34684

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CASPER, FRED
STREET ADDRESS 11312 PALM PASTURE DR
CITY - ST - ZIP TAMPA FL

TITLE VD
NAME GIMBERT, JACK H.
STREET ADDRESS 11310 PALM PASTURE DR
CITY - ST - ZIP TAMPA FL

TITLE SDT
NAME WILLIAMS, KAREN
STREET ADDRESS 11408 PALM PASTURE DR
CITY - ST - ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE PD Change Addition
1.2 NAME RAWLS, JAMES
1.3 STREET ADDRESS 8708 CHARMING KNOLL CT.
1.4 CITY - ST - ZIP TAMPA FL

2.1 TITLE VP - SECRETARY Change Addition
2.2 NAME HAYES, PETER
2.3 STREET ADDRESS 11324 PALM PASTURE DR
2.4 CITY - ST - ZIP TAMPA, FL

3.1 TITLE VP - TREASURER Change Addition
3.2 NAME WINGARD, CASSANDRA
3.3 STREET ADDRESS 11320 PALM PASTURE DR.
3.4 CITY - ST - ZIP TAMPA, FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter W Hayes*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
PETER W HAYES

1/23/95
855-4993