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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: P O BOX 905 OLDSMAR FL 34677
Mailing Address: P O BOX 905 OLDSMAR FL 34677-0016

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/22/1989	3a. Date of Last Report 03/05/1996
21	26	4. FEI Number 59-3001984	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
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 34884

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RAWLS, JAMES	
STREET ADDRESS	8708 CHARMING KNOLL CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, PETER	
STREET ADDRESS	11324 PALM PASTURE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SDT	<input checked="" type="checkbox"/> DELETE
NAME	WINGARD, CASSANDRA	
STREET ADDRESS	11320 PALM PASTURE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRED CASPER	
1.3 STREET ADDRESS	11312 PALM PASTURE DR	
1.4 CITY-ST-ZIP	TAMPA, FL 33635	
2.1 TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DWAYNE VAUGHN	
2.3 STREET ADDRESS	11402 PALM PASTURE DR	
2.4 CITY-ST-ZIP	TAMPA, FL 33635	
3.1 TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHRIST MESSERSMITH	
3.3 STREET ADDRESS	11410 PALM PASTURE DR	
3.4 CITY-ST-ZIP	TAMPA, FL 33635	
4.1 TITLE	TOBA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACK GIMBERT	
4.3 STREET ADDRESS	11310 PALM PASTURE DR	
4.4 CITY-ST-ZIP	TAMPA, FL 33635	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James H. Rawls* JACK H. GIMBERT 1-15-97 (813) 855-3787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088474

CR2E037 (9/96)