FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

N30813

(2)

BAYBROOK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business Mailing Address					
P O BOX 905 P O BOX 905 OLDSMAR FL 34677 OLDSMAR FL 34677					3. Date Incorporated or Qualified
					02/22/1989 4. FEI Number Applied For
					59-3001984 Not Applicable
	Place of Business	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
21 26 Suite, Apt. #, etc. Suite, Apt.					Fee Required
22 27					6. Election Campaigh Financing \$5.00 May Be Trust Fund Contribution Added to Fees
		City & State	City & State		7. Is this nonprofit corporation a homeowners association?
23					☐ Yes ☐ No
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curren		30		Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent
	3. Name and Address of Correl	r negistered Agent	8	1 Name	
REESE	MICHAEL K.				
OAKDALE PROFESSIONAL CENTER			8	Street	t Address (P.O. Box Number is Not Acceptable)
36426 US HWY 19 NORTH			8	3	
PALM HARBOR FL 34684			8	4 City	85 Zip Code
				1 0,	: FL
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	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered A	nant sionahur	re required when reinstating) DATE
12.	OFFICERS AND		13.	gain organism	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIPLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	CASPER, FRED		1.2 NAMI		
STREET ADDRESS	11312 PALM PASTURE DR		1.3 STRE	T ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY	ST-ZIP	
TITLE	VSD	₩ DELETE	2.1 TITLE		VSD Change 4 Addition
NAME	VAUGHN, DWAYNE		2.2 NAME		ART JUERS, 8705 MIDDLECROSS PLACE
STREET ADDRESS	11402-PALM PASTURE DR			T ADDRESS	8705 MIDDLECIOSS PLACE
CITY-ST-ZIP	JAMPA FL SDT	☐ DELETE	2. 4 CITY	- ST- ZiP	TAMPA, FL 33635
NAME	•••	T OFFEIG	3.1 TITLE		: Change Addition
STREET ADDRESS	MESSERSMITH, CHRIST 11410 PALM PASTURE DR		3.2 NAME		
City-ST-ZiP	TAMPA FL		3.4. CITY	T ADDRESS	
TITLE	T	DELETE	4.1 TITLE	-SI-ZIP	Change Addition
NAME	GIMBORT, JACK		4, 2 NAM		GIMBERT, JACK
STREET ADDRESS	11310 PALM PASTURE DR		1	T ADDRESS	Grandell Office
CITY-ST-ZIP	TAMPA FL		4.4 CITY-		ı
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY -	ST-ZIP	i
TITLE	-	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	

14. I hereby certify that the information supplied with this filling 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 emprovered 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:

LOUGN NTUZE PECAJIRED

1-12-98

855-3787

FILED

Feb 02 1998 8:00am

Secretary of State