

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N30813

1. Corporation Name

BAYBROOK HOMEOWNERS ASSOCIATION, INC.

P O BOX 905	Principal Place of Business
OLDSMAD EL 24677	

2. Principal Place of Business

Mailing Address

P O BOX 905 OLDSMAR FL 34677

2a. Mailing Address

FILED Feb 23, 1999 8:00 am § Secretary of State

02-23-1999 90030 010 ****61.25

* 1 100452 90030 · 10 2 *



3. Date Incorporated or Qualifed

1		26			02/22/1989		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	lied For
22		27			59-3001984		Applicable
City & State					5. Certificate of Status Desired	¬ \$8.75 ∧	
23					5. Certificate of Status Scotled	Fee Rec	uired
Zip	Country	Zip	Country		6. Election Campaign Financing	_າ \$5.00 ເ	May Be
:4	25 29 30				Trust Fund Contribution	Added to	Fees
Name and Address of Current Registered Agent					10. Name and Address of New Regi	stered Agent	
			81	Name			
REESE M	ICHAFI K		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
REESE, MICHAEL K. OAKDALE PROFESSIONAL CENTER							
	HWY 19 NORTH		83				
PALM HARBOR FL 34684			84	City		85 Zip C	ode
•				Ì		FL	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above	e-named co	rporation submits this statement for the pur	pose of changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida Silich change Was alliff	ากกรคต ถง	тое сопкии	tion's board of directors. I hereby accept th	e appointment as reg	ISIBIOU
	m lammar war, and accept the congene			-			ļ
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Ager	nt signature requ		DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	CASPER, FRED		1.2 NAME				
STREET ADDRESS	11312 PALM PASTURE DR		1.3 STREET	FADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-S	T-ZIP			_
TITLE	VSD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	JUERS, ART		2.2 NAMÉ	1			Ì
STREET ADDRESS	8705 MIDDLECROSS PL		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL 33635		2. 4 CITY-5	ST-ZIP	•		
TITLE	SDT	DELETE	3.1 TITLE		507	☐ Change	Addition
NAME	MESSERSMITH, CHRIST		3.2 NAME		AMANDA COUGHCIN	Plane	٠
STREET ADDRESS			3.3 STREE	TADDRESS	8701 MINDE CRESS P		
CITY-ST-ZIP	TAMPA FL		3.4, CITY-S	ST-ZIP	AMANDA COUGHLIN 8701 M.DISCE CROSS F TAMPA, FL 33635		_
TITLE	T	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	GIMBERT, JACK		4. 2 NAME	1			1
STREET ADDRESS			4.3 STREE	ADDRESS			ļ
CITY-ST-ZIP	TAMPA FL		4.4 CITY-S	1			ŀ
TITLE	TAMEATE	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				ľ
STREET ADDRESS			5.3 STREE	T ADDRESS		ŕ	1
CITY-ST-ZIP			5.4 CITY-S	T-21P			ľ
TITLE 30 300		☐ DELETE	6.1 TITLE			☐ Change	Addition
	in the state of th		6.2 NAME				ļ
NAME			6.3 STREE	TADDRESS			1
STREET ADORESS			6.4 CITY- S				
CITY-ST-ZIP	and it is that the information appoined with	this filing does not qualify for the			Section 119.07(3)(i), Florida Statutes, I ful	ther certify that the in	formation

4. I 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 informatio 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-29

727-468-5797

Daytime Phone #

;R2E037 (11/98)