

1/19/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2001 8:00 am Secretary of State

01-19-2001 90046 003 ****61.25

DOCUMENT # N30813

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3001984

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD CASPER, FRED *D* Delete
STREET ADDRESS: 11312 PALM PASTURE DR
CITY-ST-ZIP: TAMPA FL

TITLE: Change Addition
NAME: Change Addition

TITLE: SDT COUGHLIN, AMANDA Delete
STREET ADDRESS: 8701 MIDDLE CROSS PLACE
CITY-ST-ZIP: TAMPA FL 33635

TITLE: VP TONY PECORARO Change Addition
NAME: TONY PECORARO
STREET ADDRESS: 11313 PALM PASTURE DR *D*
CITY-ST-ZIP: TAMPA, FL 33635

TITLE: T GIMBERT, JACK *D* Delete
STREET ADDRESS: 11310 PALM PASTURE DR
CITY-ST-ZIP: TAMPA FL

TITLE: Change Addition
NAME: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

12. 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 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: *JACK H GIMBERT*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-01 813-855-3787
Date Daytime Phone #

CR2E037 (10/00)