


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N30813 1. Entity Name BAYBROOK HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business P O BOX 905 OLDSMAR, FL 34677	Mailing Address P O BOX 905 OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3001984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIMBERT, JACK H
 11310 PALM PASTURE DR
 TAMPA, FL 33635

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD BERTAN, BRUCE 11328 PALM PASTURE SR TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PECORARO, TONY 11313 PALM PATURE DRIVE TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIMBERT, JACK 11310 PALM PASTURE DR TAMPA, FL
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1100000177340
 01/12/05-8LW08-003 61.25

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 (813) 855-3787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #