## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N30813

1. Entity Name BAYBROOK HOMEOWNERS ASSOCIATION, INC.



FILED Jan 09, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

P O BOX 905 OLDSMAR, FL 34677 P O BOX 905

OLDSMAR, FL 34677



## DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP 0

CR2E037 (4/06)

4. FEI Number 59-3001984

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			pent signature required when reinstating) DATE			
•	Filing Fee is \$61.25. Due by May 1, 2007	Election Campaign Financi     Trust Fund Contribution.	ing	\$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			U00000580406 01/10/07-80046-007 61.25		
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			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CHY-ST-ZIP		,		• •		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/4/07

(813)855-378

Daytime Phone #