

07-06-1999 09:42AM FROM **AMENDED** TO 4690055 P.02  
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 JUL 27 PM 12:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000095539

1. Corporation Name  
**Baybrook Homes, Inc.**

Principal Place of Business Mailing Address  
**17554 Long Ridge Drive  
 Montverde, FL 34756**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created  
**1-1-96**

4. FEI Number  
**59-3351518**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
**21 Same 26 2745 N. Narcoossee Rd.**

22. City & State 27. City & State  
**23 28 St. Cloud, FL**

24. Zip Country 29. Zip Country  
**30 34771 31 USA**

9. Name and Address of Current Registered Agent  
**White, Robert B., Jr.  
 201 S. Orange Ave., Suite 1000  
 Orlando, FL 32801**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE

NOTE: Registered Agent signature required when creating CA#

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	President/Secretary/Treas.
NAME	Eleanor C. Green	1.2 NAME	Eleanor C. Green
STREET ADDRESS	2745 N. Narcoossee Rd.	1.3 STREET ADDRESS	2745 N. Narcoossee Rd.
CITY-ST-ZIP	St. Cloud, FL 34771	1.4 CITY-ST-ZIP	St. Cloud, FL 34771
TITLE	Director	2.1 TITLE	
NAME	Robert C. Checho	2.2 NAME	300002952863--2
STREET ADDRESS	12830 Sugar Bluff Rd.	2.3 STREET ADDRESS	-08/06/99--01070--015
CITY-ST-ZIP	Clermont, FL 34711	2.4 CITY-ST-ZIP	*****E1.25 *****E1
TITLE		3.1 TITLE	Vice President
NAME		3.2 NAME	Heather S. Roane
STREET ADDRESS		3.3 STREET ADDRESS	17554 Long Ridge Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Montverde, FL 34756
TITLE		4.1 TITLE	Vice President
NAME		4.2 NAME	Stephen M. Farmer
STREET ADDRESS		4.3 STREET ADDRESS	17554 Long Ridge Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Montverde, FL 34756
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered to execute this report as required by Chapter 607, 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: Eleanor C. Green President 7/12/99 (407) 891-9979  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Before Page 3