


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90002 043 ***158.75

DOCUMENT # P95000095539
 1. Entity Name
 BAYBROOK HOMES, INC.



Principal Place of Business
 16903 LAKESIDE DR
 MONTVERDE, FL 34756

Mailing Address
 PO BOX 560040
 MONTVERDE, FL 34756

94045458



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3351518	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WHITE, ROBERT B JR.
 201 S. ORANGE AVENUE
 SUITE 1000
 ORLANDO, FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PST GREEN, ELEANOR 13620 SUNSET LAKES CIRCLE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROANE, HEATHER S 16400 MAGNOLIA BLUFF DR Suite 4 MONTVERDE, FL 34756 <i>16903 Lakeside Drive</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARMER, STEPHEN M 16400 MAGNOLIA BLUFF DR Suite 4 MONTVERDE, FL 34756 <i>16903 Lakeside Drive</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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: Eleanor Green Eleanor Green 3-31-04 407-656-9980
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #