## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003778

FILED Mar 09, 2006 Secretary of State

Entity Name: BALDWIN PARK RESIDENTIAL OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2180 W. SF STE 5000 LONGWOO	R 434 DD, FL 32779					
Current Mailing Address:			New Mailir	New Mailing Address:		
2180 W. SR 434 STE 5000 LONGWOOD, FL 32779						
FEI Number: 41-2044642 FEI Number Applied For ( ) FEI Nu		FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
HART, JAMES W JR 2180 W. SR 434 STE 5000 LONGWOOD, FL 32779 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.  SIGNATURE:						
Electronic Signature of Registered Agent			nt	 Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip: City-St-Zip:	PACE, DAVID G 4776 NEW BRO, ORLANDO, FL 3 STD ()I ADKINS, RICHAF 4776 NEW BRO, ORLANDO, FL 3 VPD ()I CLASSE, JOHNI 4776 NEW BRO, ORLANDO, FL 3	Delete RD L JR AD ST STE 110 82814  Delete H JR AD ST STE 110	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition  ( ) Change ( ) Addition  D ( ) Change (X) Addition  SANGIOVANNI, PAUL 1391 FERN AVE ORLANDO, FL 32814		
Fitle: Name: Address: City-St-Zip:	()1	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MEEKS, KIMBERLY 4486 TWINVIEW LN ORLANDO, FL 32814		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G PACE PD 03/09/2006