


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90024 044 ****61.25

DOCUMENT # N02000003778 1. Entity Name BALDWIN PARK RESIDENTIAL OWNERS ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779			Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 41-2044642			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HART, JAMES W JR 2180 W. SR 434 STE 5000 LONGWOOD, FL 32779			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADKINS, RICHARD		NAME	LLOYD, LES	
STREET ADDRESS	4776 NEW BROAD ST STE 110		STREET ADDRESS	3773 ETHAN LN	
CITY-ST-ZIP	ORLANDO, FL 32814		CITY-ST-ZIP	ORLANDO, FL 32814	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, DENNIS		NAME		
STREET ADDRESS	4339 VIRGINIA DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32814		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIRTZINGER, JIM		NAME		
STREET ADDRESS	4497 TRAPP LN		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32814		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIENAAR, DIANA		NAME		
STREET ADDRESS	1681 LAKE BALDWIN LN		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32814		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO, TINA MARIE		NAME		
STREET ADDRESS	3624 LOWER UNION RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32814		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS, GINNY		NAME		
STREET ADDRESS	4033 ANISSA AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32814		CITY-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: <i>Dennis L. O'Neil</i>			Dennis L. O'Neil, President, 03/25/08 407 898-8034		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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