2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000002891

TI FILED

Aug 14, 2007

Secretary of State

Entity Name: BALDWIN PARK NO. 6 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

825 CORAL RIDGE DRIVE 107 N LINE DR

CORAL SPRINGS, FL 33071 APOPKA, FL 32701 US

Current Mailing Address: New Mailing Address:

825 CORAL RIDGE DRIVE 107 N LINE DR

CORAL SPRINGS, FL 33071 APOPKA, FL 32701 US

FEI Number: 20-4528280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARGOLIS, STEPHEN

825 CORAL RIDGE DRIVE

CORAL SPRINGS FL 20074 LIS

AROUND A STEPHEN

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CORAL SPRINGS, FL 33071 US APOPKA, FL 32701 US

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.

SIGNATURE: THERESA D SUTHERLAND 08/14/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PDSD (X) Change () Addition

Name: MARGOLIS, STEPHEN Name: JACOBS, DAVID L SR.
Address: 825 CORAL RIDGE DRIVE Address: 4385 WARDELL PLACE UNIT 102

 City-St-Zip:
 CORAL SPRINGS, FL 33071
 City-St-Zip:
 ORLANDO, FL 32814 US

 Title:
 ST () Delete
 Title:
 VPTD (X) Change () Addition

 Name:
 METZKES, MICHAEL
 Name:
 MONTAGUE, MATTHEW

 Address:
 825 CORAL RIDGE DRIVE
 Address:
 5531 MANATEE POINT DRIVE

 City-St-Zip:
 CORAL SPRINGS, FL 33071
 City-St-Zip:
 NEW PORT RICHEY, FL 34652 US

 $\label{eq:title:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 GLUCKMAN, NICHOLAS
 Name:

 Address:
 825 CORAL RIDGE DRIVE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33071
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN PENNE PD 08/14/2007