

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002891

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

107 N LINE DR
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N LINE DR
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 20-4528280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N LINE DR
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACOBS, DAVID L SR.
Address: 4385 WARDELL PLACE UNIT #102
City-St-Zip: ORLANDO, FL 32814 US

Title: VPD () Delete
Name: MONTAGUE, MATTHEW
Address: 5531 MANATEE POINT DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: STD () Delete
Name: DRAUCH, RUDOLF
Address: 4385 WARDELL PLACE #201
City-St-Zip: ORLANDO, FL 32814 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DRAUCH, RUDOLF
Address: 4385 WARDELL PLACE #201
City-St-Zip: ORLANDO, FL 32814 US

Title: TD () Change (X) Addition
Name: GRATE, GAIL
Address: 2608 MEETING PLACE #303
City-St-Zip: ORLANDO, FL 32814

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: DAVID JACOBS

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date