

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 21, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90008 039 \*\*\*\*61.25

94003962



01182004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N45501</b>					
1. Entity Name THE BAKER PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5988 ANSEL FERREL RD TALLAHASSEE, FL 32309		Mailing Address 5988 ANSEL FERREL RD TALLAHASSEE, FL 32309			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0747671	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERTELS, SHELLEY W 5988 ANSEL FERREL RD TALLAHASSEE, FL 32309			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
B. 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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHUITES, CHARLOTTE C		NAME		
STREET ADDRESS	5980 ANSEL FERREL RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, RICK		NAME		
STREET ADDRESS	5995 COLONEL SCOTT DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADY, KATE		NAME		
STREET ADDRESS	5984 HARDY CROOM COURT		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL <del>32304</del>		CITY-ST-ZIP	32309	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERTELS, SHELLEY W		NAME		
STREET ADDRESS	<del>5988 ANSEL FERREL RD</del>		STREET ADDRESS	5988 ANSEL FERREL RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREAULT, TIM		NAME		
STREET ADDRESS	6955 GREENTVILLE RD		STREET ADDRESS	6955 GREENTVILLE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKLIN, PAUL		NAME		
STREET ADDRESS	7045 GRENVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
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 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>Shelley W. Bertels</i>		Date: 1/18/04		Daytime Phone #: (850) 878-6161	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SHELLEY W. BERTELS					