


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90040 043 ****61.25

DOCUMENT # N45501						
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 <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			
BERTELS, SHELLEY W 5988 ANSEL FERREL RD TALLAHASSEE, FL 32309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee Is \$61.25 Due by May 1, 2005		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 type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRADY, KATE		NAME			
STREET ADDRESS	5984 HARDY CROOM COURT		STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERTELS, SHELLEY W		NAME			
STREET ADDRESS	5988 ANSEL FERREL RD		STREET ADDRESS			
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	BREAULT, TIM		NAME			
STREET ADDRESS	6955 GREENVILLE RD		STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FRANKLIN, PAUL		NAME	D WILLIAM C. GREEN		
STREET ADDRESS	7045 GRENVILLE RD		STREET ADDRESS	5992 HARDY CROOM COURT		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	TALLAHASSEE, FL 32309		
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: <i>2/8/05</i>		Daytime Phone #: <i>(850) 878-6161 x 127</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SHELLEY W. BERTELS, PRES.						