

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 23 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04222008 Chg-NP CR2E037 (12/06)

DOCUMENT # N45501 1. Entity Name THE BAKER PLACE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 5995 PONDER LANE TALLAHASSEE, FL 32309 US		Mailing Address 5995 PONDER LANE TALLAHASSEE, FL 32309 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 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 SMITH, MARGARET A 5984 COLONEL SCOTT DR TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent 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: <u>Margaret Smith</u>		DATE: <u>4/22/08</u>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: EGAN, TONI A <input checked="" type="checkbox"/> Delete STREET ADDRESS: 5996 COLONEL SCOTT DRIVE CITY-ST-ZIP: TALLAHASSEE, FL 32309	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	900125317469 04/23/08--01039--001 **61.25	
TITLE: D <input type="checkbox"/> Delete NAME: SOULE, BRUCE STREET ADDRESS: 7075 GRENVILLE RD CITY-ST-ZIP: TALLAHASSEE, FL 32309	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: S <input checked="" type="checkbox"/> Delete NAME: JOYNER, ALICIA STREET ADDRESS: 5983 COLONEL SCOTT DRIVE CITY-ST-ZIP: TALLAHASSEE, FL 32309	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: T <input type="checkbox"/> Delete NAME: SMITH, MARGARET A STREET ADDRESS: 5984 COLONEL SCOTT CITY-ST-ZIP: TALLAHASSEE, FL 32309	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: PD <input type="checkbox"/> Delete NAME: LAMIA, CHRISTINE STREET ADDRESS: 5995 PONDER LANE CITY-ST-ZIP: TALLAHASSEE, FL 32309	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: VD <input type="checkbox"/> Delete NAME: CONEY, JEROME J STREET ADDRESS: 5983 HARDY CROOM COURT CITY-ST-ZIP: TALLAHASSEE, FL 32309	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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: <u>Margaret Smith</u>		DATE: <u>4/22/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYLINE PHONE #: <u>425-6654</u>	