


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90109 019 ****61.25

DOCUMENT # 719163 1. Entity Name BAFFY WOODS CONDOMINIUM, INC.			
Principal Place of Business 8360 W OAKLAND PARK BLVD 301 SUNRISE, FL 33351		Mailing Address P.O. BOX 452199 SUNRISE, FL 33351-2199	
2. Principal Place of Business - No P.O. Box # 5100 SW 90th Ave		3. Mailing Address USA SERVICE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 6915 TAFET ST	
City & State COOPER CITY, FL		City & State HOLLYWOOD, FL	
Zip 33328		Zip 33024	
Country 		Country USA	
4. FEI Number 59-2083545		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 STRALEY & OTTO, P.A. 2699 STIRLING ROAD SUITE C-207 FT. LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>Kandice S. Ranger</i> <small>(Signature typed or printed name of registered agent, and title if applicable)</small>		DATE 5/1/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DT DE BOER, MICHAEL 5100 SW 90 AVE, # 411 COOPER CITY, FL 33328	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RANGER, KANDI 5100 SW 90TH AVE #215 COOPER CITY, FL 33328	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUVAL, LYN K 5100 SW 90 AVE, # 210 COOPER CITY, FL 33328	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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 <i>Kandice S. Ranger</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 5/1/07 Daytime Phone # 954 434-5483	

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