

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90019 037 ****61.25

DOCUMENT # 719163 1. Entity Name BAFFY WOODS CONDOMINIUM, INC.					
Principal Place of Business 5100 SW 90TH AVE FORT LAUDERDALE, FL 33328			Mailing Address 6915 TAFF ST HOLLYWOOD, FL 33024		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8300 W. Sunrise Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 203			
City & State		City & State Plantation, FL			
Zip	Country	Zip 33322	Country US	4. FEI Number 59-2083545	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 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><i>Teresa M. Guffanti</i></u> DATE <u><i>March 7, 2008</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DE BOER, MICHAEL <input checked="" type="checkbox"/> Delete 5100 SW 90 AVE, # 411 COOPER CITY, FL 33328				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RANGER, KANDI <input checked="" type="checkbox"/> Delete 5100 SW 90TH AVE #215 COOPER CITY, FL 33328				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUVAL, LYN K <input type="checkbox"/> Delete 5100 SW 90 AVE, # 210 COOPER CITY, FL 33328				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Teresa Guffanti <input type="checkbox"/> Delete 5100 SW 90th Ave #101 Cooper City, FL 33328				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Anthony Marchetta <input type="checkbox"/> Delete 5100 SW 90th Ave #401 Cooper City, FL 33328				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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><i>Teresa M. Guffanti</i></u> DATE <u><i>March 7, 2008</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					