
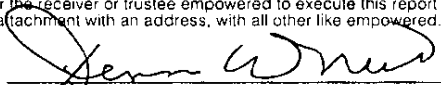


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000003778 1. Entity Name BALDWIN PARK RESIDENTIAL OWNERS ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 1913 MEETING PLACE ORLANDO, FL 32814			Mailing Address 1913 MEETING PLACE ORLANDO, FL 32814																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # 2180 WEST SR 434		3. Mailing Address 2180 WEST SR 434																																																																																																																																																			
Suite, Apt. #, etc. SUITE 5000		Suite, Apt. #, etc. SUITE 5000																																																																																																																																																			
City & State LONGWOOD FL		City & State LONGWOOD FL																																																																																																																																																			
Zip 32779		Country		Zip 32779																																																																																																																																																	
Country		Country																																																																																																																																																			
6. Name and Address of Current Registered Agent HART, JAMES W JR 2180 W. SR 434 STE 5000 LONGWOOD, FL 32779																																																																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
Amended AR is \$61.25		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																																																																																																																																																					
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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:  <div style="float: right; text-align: right;"> September 19, 2007 (407) 898-1034 </div>																																																																																																																																																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																					

FILED
07 SEP 26 PM 1:24
CLERK OF STATE
TALLAHASSEE, FLORIDA



09182007 Chg-NP CR2E037 (12/06)

4. FEI Number
41-2044642

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FL

9/19/28

BALDWIN PARK RESIDENTIAL OWNERS ASSOCIATION, INC
AMENDED ANNUAL REPORT, CONTINUED
N02000003778

D
LLOYD, LES
3773 ETHAN LN
ORLANDO, FL 32814