2006 NOT-FOR-PROFIT CORPORATION

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ANNUAL REPORT					Sep 01, 2006 08:0			
DOCUMENT # N02000009580					30	ecreta	ry of St	
1. Entity Name BASELINE COMMERCE CENTER PROPERTY OWNERS ASSOCIATION ONE, INC.								
Principal Plac	e of Business	Mailing Address		1				
7547 SE 110		7547 SE 110TH ST. RD.						
BELLEVIEW,	FL 34420	BELLEVIEW, FL 34420						
				No Chg-NP	CR2E037 (4			
Ų	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe		-	Applied For	
			janika di 1907 Ngjarika	20-029	of Status Desired	□ \$8.7 [§]	Not Applicable 5 Additional	
	6. Name and Address of Current Re	alstered Agent		J. Certificate			equired	
PERRY, JUDDY A 7547 SE 110TH ST. RD. BELLEVIEW, FL 34420				and the second	NOT WE	2 1 to 1 to 1		
8. The above the obligat	named entity submits this statement for trons of registered agent. Synature, typed or printed time of registered agent and	tille if application (NOTE: Register	red office or register			DATE	with, and accept	
) , , , , D	Filing Fee is \$61.25 ue by September 6, 2006	9: Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees	0000009 09/01/06-8		l 61. 25 -	
10. ′	OFFICERS AND DI	RECTORS	44.1	4 75 34 4		,		
TITLE" NAME STREET ADDRESS CITY-SI-ZIP	PERRY, JUDDY A 7547 SE 110TH ST. RD. BELLEVIEW, FL 34420							
TITLE NAME STREET ADDRESS C11Y-ST-ZIP	VD PERRY, GEORGE A 7730 SE 110TH ST. RD. BELLEVIEW, FL 34420							
TITLE	STD							
NAME STREET ADDRESS	PERRY, LILIAN R 7547 SE 110TH ST, RD.							
CITY - ST - ZIP	BELLEVIEW, FL 34420				NOT WI		,	
TITLE NAME				IN:	THIS SPA	ACE	**	
STREET ADDRESS			8 / 1 1/4 / 1	Make to the field of the				
CITY ST-ZIP							1 1 1 1	
TITLE NAME								
STREET ADDRESS	•				the state of the s		*	
-CITY-ST-ZIP								

12. Thereby 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.

TITLE ___ NAME STREET ADDRESS CITY-ST-ZIP