

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90054 006 ****61.25

DOCUMENT # N05000004418

1. Entity Name

BALDWIN ROWE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**220 MCKENZIE AVE
PANAMA CITY FL 32401**

Mailing Address

**PO BOX 82210
BATON ROUGE LA 70884**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2611046

Applied For

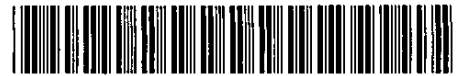
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEEBRICK, BRIAN D ESQ.
220 MCKENZIE AVE
PANAMA CITY FL 32401**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CAMPBELL, BRIAN D	
STREET ADDRESS	8008 BLUEBONNET BLVD	
CITY - ST - ZIP	BATON ROUGE LA 70810	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	ATER, DON	
STREET ADDRESS	6554 HWY 84TH EAST	
CITY - ST - ZIP	FERRIDAY LA 71334	
TITLE	M	<input type="checkbox"/> Delete
NAME	CAMPBELL, BRIAN D JR	
STREET ADDRESS	8008 BLUEBONNET BLVD	
CITY - ST - ZIP	BATON ROUGE LA 70810	
TITLE	M	<input type="checkbox"/> Delete
NAME	FLURRY, BOB	
STREET ADDRESS	20 HEATHER DR	
CITY - ST - ZIP	NATCHEZ MS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miramon, Louis	
STREET ADDRESS	1400 B Gause Blvd	
CITY - ST - ZIP	Slidell, LA. 70458	
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		<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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/07

225 248-0048