


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
08 AUG 15 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000005204					
1. Entity Name BALDWIN PARK NO. 2 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 107 N. LINE DR. APOPKA, FL 32703 US			Mailing Address 107 N. LINE DR. APOPKA, FL 32703 US		
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 20-2867332	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name <u>PHILIP H. JACOBS</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>461 AIA BEACH BLVD.</u>		
			City <u>ST. AUGUSTINE</u> FL <u>32080</u>		
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>Philip H. Jacobs</u>			DATE <u>8/2/2008</u>		
(Signature, typed or printed name of registered agent and title if applicable.)			(NOTE: Registered Agent signature required when reinstating)		
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADKINS, RIC		NAME		
STREET ADDRESS	4624 ENDERS STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32814		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, RAY		NAME		
STREET ADDRESS	4326 NEW BROAD STREET #205		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32814		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAZIS, JOANN		NAME		
STREET ADDRESS	4351 ANSON LANE #101		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32814		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>X Kaywood Thompson</u>			DATE: <u>8/2/2008</u> DAYTIME PHONE: <u>407 228 6741</u>		
(Signature and typed or printed name of signing officer or director)					

KS