

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N05000005205</b>						FILED 06 OCT 27 PM 4:53 SEC. OF STATE TALLAHASSEE, FL	
<b>1. Entity Name</b> BALDWIN PARK NO.3 CONDOMINIUM ASSOCIATION, INC.				<b>Principal Place of Business</b> 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071			
<b>Mailing Address</b> 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071							
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.					
<b>City &amp; State</b>		<b>City &amp; State</b>					
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>				
<b>4. FEI Number</b> 20-2867383				Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  MARGOLIS, STEPHEN 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071				<b>7. Name and Address of New Registered Agent</b> Name: <u>Sutherland, Theresa</u> Street Address (P.O. Box Number is Not Acceptable): <u>107 N. Line Drive</u> City: <u>APOPKA</u> FL <u>32703</u>			
<b>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.</b> SIGNATURE: <u>Theresa Sutherland</u> DATE: <u>10-17-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARGOLIS, STEPHEN 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mik Kelson, Adam 4250 Corrine Dr. #202 Orlando, FL 32814		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GOMEZ, ALBERT 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND Ossso, David 4250 Corrine Dr. #204 Orlando, FL 32814		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GLUCKMAN, NICHOLAS 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Downs, Matthew 4249 Corrine Dr. #204 Orlando, FL 32814		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081303585 10/27/06--01056--018 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>							
<b>SIGNATURE:</b> <u>Adam Kelson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>9/29/06</u> <small>Date</small>		<u>(321) 441-1850</u> <small>Daytime Phone #</small>	