

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000002890

1. Entity Name  
BALDWIN PARK NO. 4 CONDOMINIUM ASSOCIATION,  
INC.



FILED

08 JUL 21 PM 2:32

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
107 N. LINE DR. 461 AIA BCH. BLVD  
APOKA, FL 32703 US  
ST. AUGUSTINE, FL 32080

Mailing Address  
107 N. LINE DR. 461 AIA BCH. BLVD.  
APOKA, FL 32703 US  
ST. AUGUSTINE, FL

2. Principal Place of Business - No P.O. Box #  
461 AIA BCH. BLVD.  
Suite, Apt. #, etc.

3. Mailing Address  
461 AIA BCH. BLVD  
Suite, Apt. #, etc.



06162008 Chg-NP CR2E037 (12/06)

City & State  
ST. AUGUSTINE, FL  
Zip 32080 Country ST. JOHNS

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4. FEI Number  
20-4528200  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
GUTHERLAND, THERESA D  
107 N. LINE DR.  
APOKA, FL 32703

7. Name and Address of New Registered Agent  
Name MARY W. JACOBS  
Street Address (P.O. Box Number is Not Acceptable)  
461 AIA BCH. BLVD.  
City ST. AUGUSTINE FL Zip Code 32080

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 *Mary W. Jacobs* MARY W. JACOBS JULY 1, 2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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 DP ☐ Delete  
NAME O'SHEA, TOM  
STREET ADDRESS 3279 PARKLAND DRIVE  
CITY-ST-ZIP ORLANDO, FL 32714

TITLE DS ☐ Delete  
NAME QUEEN, DORIS  
STREET ADDRESS 6951 CAMINO DEGRAZIA  
CITY-ST-ZIP SAN DIEGO, CA 92111

TITLE ☐ Delete  
NAME *4/17/21*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 000133396760  
STREET ADDRESS 07/24/08--01032--016 \*\*\$61.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME COX, SHEILA DVPT  
STREET ADDRESS 2315 UPPER ROCK RD #102  
CITY-ST-ZIP ORLANDO, FL 32814

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *Tom O'Shea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2008 904.46.5536  
Date Daytime Phone #