

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002891

FILED  
Feb 24, 2012  
Secretary of State

**Entity Name:** BALDWIN PARK NO. 6 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JACOBS, JACOBS & ASSOCIATES  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

401 CENTERPOINT DRIVE  
SUITE 1565  
ALTAMONTE SPRINGS, FL 32701 US

**Current Mailing Address:**

C/O JACOBS, JACOBS & ASSOCIATES  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

PO BOX 160128  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number:** 20-4528280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBS, MARY W  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

LUMPKIN, ELLEN  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE: ELLEN LUMPKIN

02/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JACOBS, DAVID L SR.  
Address: 4385 WARDELL PLACE UNIT #102  
City-St-Zip: ORLANDO, FL 32814 US

Title: VPD  
Name: MONTAGUE, MATTHEW  
Address: 5531 MANATEE POINT DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SD  
Name: DRAUCH, RUDOLF  
Address: 4385 WARDELL PLACE #201  
City-St-Zip: ORLANDO, FL 32814 US

Title: TD  
Name: GRATE, GAIL  
Address: 2608 MEETING PLACE #303  
City-St-Zip: ORLANDO, FL 32814

Title: D  
Name: WALTON, GEORGE  
Address: 2608 MEETING PLACE #301  
City-St-Zip: ORLANDO, FL 32814

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN LUMPKIN

RA

02/24/2012

Electronic Signature of Signing Officer or Director

Date