

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90009 026 \*\*\*\*61.25

<b>DOCUMENT # N06000002892</b> 1. Entity Name <b>BALDWIN PARK NO. 8 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>825 CORAL RIDGE DR. CORAL SPRINGS, FL 33071</b>			Mailing Address <b>825 CORAL RIDGE DR. CORAL SPRINGS, FL 33071</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARGOLIS, STEPHEN</b> <b>825 CORAL RIDGE DR.</b> <b>CORAL SPRINGS, FL 33071</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARGOLIS, STEPHEN		NAME	Margolis, Stephen	
STREET ADDRESS	825 CORAL RIDGE DR.		STREET ADDRESS	825 Coral Ridge Drive	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOMEZ, ALBERT		NAME	Metzkes, Michael	
STREET ADDRESS	825 CORAL RIDGE DR.		STREET ADDRESS	825 Coral Ridge Drive	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLUCKMAN, NICHOLAS		NAME	Gluckman, Nicholas	
STREET ADDRESS	825 CORAL RIDGE DR.		STREET ADDRESS	825 Coral Ridge Drive	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Coral Springs, FL 33071	
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		
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		
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		
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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>MAR 19 2007</b> <span style="float: right;">954-344-8040</span> <small>Date Daytime Phone #</small>		

**40048801**



01222007 Chg-NP CR2E037 (12/06)

4. FEI Number **20-4528217** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**