

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005039

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** ENDERS PLACE AT BALDWIN PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4248 NEW BROAD ST.  
SUITE 101  
ORLANDO, FL 32814

**New Principal Place of Business:**

**Current Mailing Address:**

1600 W. COLONIAL DR.  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 20-4303996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECKER & POLIAKOFF, P.A.  
3111 STIRLING ROAD  
FORT LAUDERDALE, FL 33312 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NEGRIN, METIN  
Address: 654 MADISON AVE., SUITE 703  
City-St-Zip: NEW YORK, NY 10065

Title: VP ( ) Delete  
Name: BIALES, DENNIS  
Address: 654 MADISON AVE., SUITE 703  
City-St-Zip: NEW YORK, NY 10065

Title: STD ( ) Delete  
Name: HANSKI, ADAM  
Address: 654 MADISON AVE., SUITE 703  
City-St-Zip: NEW YORK, NY 10065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENNIS BIALES

VP

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date