

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007812

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** BALDWIN'S GROVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1261 NORTH LAKE SYBELIA DRIVE  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1261 NORTH LAKE SYBELIA DRIVE  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 22-3939230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONWAY, DAVID M  
1261 NORTH LAKE SYBELIA DRIVE  
MAITLAND, FL 32751 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: DP ( ) Delete  
Name: CONWAY, DAVID M  
Address: 1261 NORTH LAKE SYBELIA DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: DTS ( ) Delete  
Name: WEISENFORD, JOANN  
Address: 1261 NORTH LAKE SYBELIA DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: GRIFFIN, TERRY  
Address: 1261 NORTH LAKE SYBELIA DRIVE  
City-St-Zip: MAITLAND, FL 32751

**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: JOANN WEISENFORD

TRES

02/03/2009

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

\_\_\_\_\_  
Date