FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

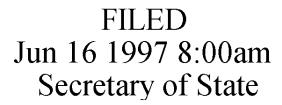
DOCUMENT #

(6)

THE BAKER PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address





1972 RAYMOND DIEHL ROAD Tallahassee fl 32308			1972 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308-3842					
					3. Date Incorporated or Qualified 10/07/1991	3a. Date of Last F 02/19/198	Report 96	
_	lace of Business	2a. Mailing Address	1		4. FEI Number 13-3477815		pplied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.	Suite Apt # etc				ot Applicable	
22	π, θιο.	— · · ·	27		5. Certificate of Status Desired		Additional equired	
City & State		City & State						
23		28	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	у	8. This corporation has liability for intangible tax under s. 199.032,			
24	25				Florida Statutes Yes No			
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name			
I AAAD AA	ADION D. ID							
LAMB, MARION D JR 1972 RAYMOND DIEHL ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32308			83	<u> </u>				
TALLA MODEL I E DESCO								
			84	City		FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE								
12.	OFFICERS AND DIRECTORS 13.			ent signature req	QUITED WHEN FEINSTAINING) ADDITIONS/CHANGES TO OFFIC	DATE FOR AND DIDECTOR	20 IN 12	
TITLE	D	DELETE	1.1 TITLE	-	ADDITIONS/CHANGES TO OFFIC	Change	Addition	
NAME	BAKER, GEORGE F III		1.2 NAME					
STREET ADDRESS	767 5TH AVE #2850		1.3 STREE	T ADDRESS			13	
CITY-ST-ZIP	NEW YORK NY			ST-ZIP			li li	
TITLE	D	☐ DELETE 21TH				☐ Change	Addition	
NAME			22 NAME					
STREET ADDRESS	1 9 7 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.3 STREET	T ADDRESS			1	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE			3.1 TITLE			☐ Change	Addition	
NAME	401-1-21 110-010		3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE			4.1 11TLE			L Change	☐ Addition	
NAME STREET ADORESS			4. 2 NAME					
				T ADDRESS			ì	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 8 5.1 TITLE	51-ZIP		Change	Addition	
NAME			5.2 NAME			CI Auguste	- Addition	
STREET ADDRESS			5.3 STREET	LAUUBESS			j	
CITY-ST-ZIP			5.4 CITY-S			•	Ì	
TITLE		DELETE 6.1 TIT		JI EN		Change	Addition	
NAME	<i>t</i> .		6.2 NAME					
STREET ADDRESS	; ·		6.3 STREET	ADDRESS				
CITY-ST-ZIP	·		6.4 CITY - S				•	
4 4 1 1 1 1	The See See See See See See See See See S							

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 conoration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if ghanged or on an attachment with address.