


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 16 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N45501 (6)**  
 1. Corporation Name  
**THE BAKER PLACE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1972 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308</b>	Mailing Address <b>1972 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308-3842</b>
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3. Date Incorporated or Qualified <b>10/07/1991</b>	3a. Date of Last Report <b>02/19/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip	23. Principal Place of Business Suite, Apt. #, etc. City & State Zip	24. Principal Place of Business Suite, Apt. #, etc. City & State Zip	25. Principal Place of Business Suite, Apt. #, etc. City & State Zip	26. Mailing Address Suite, Apt. #, etc. City & State Zip	27. Mailing Address Suite, Apt. #, etc. City & State Zip	28. Mailing Address Suite, Apt. #, etc. City & State Zip	29. Mailing Address Suite, Apt. #, etc. City & State Zip	30. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>13-3477815</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**LAMB, MARION D JR**  
**1972 RAYMOND DIEHL ROAD**  
**TALLAHASSEE FL 32308**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKER, GEORGE F III</b>	
STREET ADDRESS	<b>767 5TH AVE #2850</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKER, ANTHONY</b>	
STREET ADDRESS	<b>767 5TH AVE #2850</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SUAREZ, ROCIO</b>	
STREET ADDRESS	<b>767 5TH AVE #2850</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 12 or Block 13 if changed, or as an attachment with an address.

CR2E037 (9/96)