

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90008 039 ****61.25

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01182004 Chg-NP CR2E037 (10/03)

DOCUMENT # N45501					
1. Entity Name THE BAKER PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5988 ANSEL FERREL RD TALLAHASSEE, FL 32309			Mailing Address 5988 ANSEL FERREL RD TALLAHASSEE, FL 32309		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 01-0747671				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERTELS, SHELLEY W 5988 ANSEL FERREL RD TALLAHASSEE, FL 32309			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	CHUITES, CHARLOTTE C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		5980 ANSEL FERREL RD		STREET ADDRESS	
CITY-ST-ZIP		TALLAHASSEE, FL 32309		CITY-ST-ZIP	
TITLE	DVP	DAVIS, RICK	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		5995 COLONEL SCOTT DR		STREET ADDRESS	
CITY-ST-ZIP		TALLAHASSEE, FL 32309		CITY-ST-ZIP	
TITLE	S	BRADY, KATE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		5984 HARDY CROOM COURT		STREET ADDRESS	
CITY-ST-ZIP		TALLAHASSEE, FL 32304		CITY-ST-ZIP	32309
TITLE	T	BERTELS, SHELLEY W	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		5988 ANSEL FERREL RD		STREET ADDRESS	5988 ANSEL FERREL RD
CITY-ST-ZIP		TALLAHASSEE, FL 32309		CITY-ST-ZIP	
TITLE	D	BREAULT, TIM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		6955 GREENTVILLE RD		STREET ADDRESS	6955 GREENTVILLE RD
CITY-ST-ZIP		TALLAHASSEE, FL 32309		CITY-ST-ZIP	
TITLE	D	FRANKLIN, PAUL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		7045 GRENVILLE RD		STREET ADDRESS	
CITY-ST-ZIP		TALLAHASSEE, FL 32309		CITY-ST-ZIP	
12. I 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 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.					
SIGNATURE: <i>Shelley W. Bertels</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/18/04 (850) 878-6161	
SHELLEY W. BERTELS				Daytime Phone #	