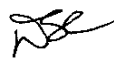



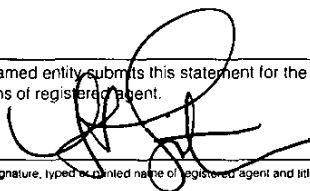
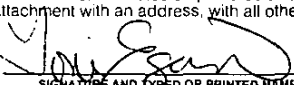
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 APR 26 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




<b>DOCUMENT # N45501</b> 1. Entity Name <b>THE BAKER PLACE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5996 COLONEL SCOTT DRIVE TALLAHASSEE, FL 32309</b>			Mailing Address <b>5996 COLONEL SCOTT DRIVE TALLAHASSEE, FL 32309</b>		
2. Principal Place of Business - No P.O. Box # <b>5995 Ponder Lane</b>		3. Mailing Address <b>5995 Ponder Lane</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Tallahassee, Florida</b>		City & State <b>Tallahassee, Florida</b>		4. FEI Number <b>01-0747671</b>	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip <b>32309</b>		Country		6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 				DATE <b>April 20, 2007</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUNARO, TONI A 5996 COLONEL SCOTT DRIVE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Egan, Toni A. 5996 Colonel Scott Drive Tallahassee, Florida 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BREAU, TIMOTHY A 6955 GRENVILLE ROAD TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Soule, Bruce 7075 Grenville Road Tallahassee, Florida 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOYNER, ALICIA 5983 COLONEL SCOTT DRIVE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100101350761 05/03/07--01016--004 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, MARGARET A 5984 COLONEL SCOTT TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Whisler, Mike 6001 Leigh Read Road Tallahassee, Florida 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMIA, CHRISTINE 5995 PONDER LANE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lamia, Christine 5995 Ponder Lane Tallahassee, Florida 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONEY, JEROME J 5983 HARDY CROOM COURT TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Coney, Jerome J. 5983 Hardy Croom Court Tallahassee, Florida 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 617, 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: 			Toni A. Egan, Director		4-20-07 850-425-6654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #