


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90184 023 \*\*\*\*61.25

**DOCUMENT # N45501**

1. Entity Name  
**THE BAKER PLACE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

~~3380 BRADFORDVILLE RD~~ **5988 ANSEL FERREL RD**      ~~3380 BRADFORDVILLE RD~~  
~~TALLAHASSEE FL 32309~~      ~~TALLAHASSEE FL 32309~~

2. Principal Place of Business      3. Mailing Address

**5988 ANSEL FERREL ROAD**      **5988 ANSEL FERREL RD**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State      City & State

**TALLAHASSEE, FL**      **TALLAHASSEE, FL**

Zip      Country      Zip      Country

**32309**      **USA**      **32309**      **USA**

4. FEI Number ~~13-3477015~~ **FORM**      Applied For

**01-0747671 - 594 ATTACHED**      Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAMB, MARION D JR**  
**217 PINWOOD DR**  
**TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name **SHELLEY W. BERTELS**

Street Address (P.O. Box Number is Not Acceptable)  
**5988 ANSEL FERREL RD**

City **TALLAHASSEE**      FL      Zip Code **32309**

**Resigned 10-15-02**

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 *Shelley W. Bertels*      DATE **4/8/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAKER, GEORGE F III</b>	
STREET ADDRESS	<b>477 MADISON AVE, SUITE 1650</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAKER, ANTHONY</b>	
STREET ADDRESS	<b>477 MADISON AVE, SUITE 1650</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SUAREZ, ROCIO</b>	
STREET ADDRESS	<b>477 MADISON AVE, SUITE 1650</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DIRECTOR/PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLOTTE C. CHUITAS</b>	
STREET ADDRESS	<b>5980 ANSEL FERREL RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32309</b>	
TITLE	<b>DIRECTOR / VICE-PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICK DAVIS</b>	
STREET ADDRESS	<b>5995 COLONEL SCOTT DR.</b>	
CITY-ST-ZIP	<b>TALL. FL. 32309</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATE BRADY</b>	
STREET ADDRESS	<b>5984 HARDY CROOK CT</b>	
CITY-ST-ZIP	<b>TALL. FL 32309</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHELLEY W. BERTELS</b>	
STREET ADDRESS	<b>5988 ANSEL FERREL RD</b>	
CITY-ST-ZIP	<b>TALL. FL 32309</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JIM BREAU</b>	
STREET ADDRESS	<b>6955 GREENVILLE ROAD</b>	
CITY-ST-ZIP	<b>TALL. FL 32309</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAUL FRANKLIN</b>	
STREET ADDRESS	<b>7045 BRENVILLE ROAD</b>	
CITY-ST-ZIP	<b>TALL. FL 32309</b>	

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: *Shelley W. Bertels*      DATE: **4/8/03**      (850) 878-6161 x227

CR2E037 (10/02)

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 00501

ATTACHMENT

DATE OF THIS NOTICE: 10-24-2002  
NUMBER OF THIS NOTICE: CP 575 C  
EMPLOYER IDENTIFICATION NUMBER: 01-0747671  
FORM: SS-4  
0132647589 B

10062178  
N45501

BAKER PLACE HOMEOWNERS  
% SHELLEY BERTELS  
5988 ANSEL FERREL RD  
TALLAHASSEE FL 32309

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 01-0747671. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120H

03/15/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.