

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45508

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** NORTH RIVER INTERCHANGE PARK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8441 COOPER CREEK BLVD  
UNIVERSITY PARK, FL 34201

**New Principal Place of Business:**

**Current Mailing Address:**

8441 COOPER CREEK BLVD.  
UNIVERSITY PARK, FL 34201

**New Mailing Address:**

**FEI Number:** 65-0408591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAYTON, ALICIA H ESQ  
8441 COOPER CREEK BLVD  
UNIVERSITY PARK, FL 34201 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BALDAUF, DAVID H  
Address: 8441 COOPER CREEK BLVD  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: STD ( ) Delete  
Name: SPANOS, ROBERT  
Address: 8441 COOPER CREEK BLVD  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: D ( ) Delete  
Name: GAYTON, ALICIA H ESQ  
Address: 8441 COOPER CREEK BLVD.  
City-St-Zip: UNIVERSITY PARK, FL 34201

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID H. BALDAUF

PD

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date