



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90008 033 ****61.25

DOCUMENT # N99000003670 1. Entity Name BAKER DAIRY OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 150 W. OAK ST. KISSIMMEE, FL 34741			Mailing Address 150 W. OAK ST. KISSIMMEE, FL 34741		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAXON, RICHARD 150 W. OAK ST. KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	PVST		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAXON, RICHARD <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	150 W. OAK ST.		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, RICHARD		NAME		
STREET ADDRESS	3947 SHOREWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	FREEMONT, MI 49412		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULVER, FRED		NAME		
STREET ADDRESS	P.O. BOX 389		STREET ADDRESS		
CITY-ST-ZIP	MUSKEGON, MI 49443		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAXON, RICHARD		NAME		
STREET ADDRESS	150 W. OAK ST.		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 an other like empowered.					
SIGNATURE: 			RE Saxon		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 2-12-4 <small>Daytime Phone #</small>		