


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000005582 1. Entity Name THE VILLAS AT BALLAST POINT TOWNHOUSES ASSOCIATION, INC.						FILED 05 OCT -4 PM 3:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3001 EXECUTIVE DRIVE SUITE 300 CLEARWATER, FL 33762		Mailing Address 3001 EXECUTIVE DRIVE SUITE 300 CLEARWATER, FL 33762					
2. Principal Place of Business Villas at Ballast Point-HOA Suite, Apt. #, etc. 3132 Santorini Ct. City & State Tampa, FL 33611		3. Mailing Address Villas at Ballast Point-HOA Suite, Apt. #, etc. 3132 Santorini Ct. City & State Tampa, FL 33611		09292005 REIN-NP CR2E099 (6/04)			
4. FEI Number 14-1877300		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 HILL, KATHY 3129 SANTORINI CT. TAMPA, FL 33611				7. Name and Address of New Registered Agent Name Villas at Ballas Point - HOA Street Address (P.O. Box Number is Not Acceptable) Attn: Roddy Clarke 3132 Santorini Ct. City Tampa FL Zip Code 33611			
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 <i>[Signature]</i> <i>Roddy Clarke - Treasurer</i> 9-29-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KILL, KATHY 3129 SANTORINI CT. TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Givens, Chris 3130 Santorini Ct. Tampa, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIEBERT, DAVID 3131 SANTORINI CT. TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Morales, Lester 3131 Santorini Ct. Tampa, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARKE, RODDY 3132 SNATORINI CT. TAMPA, FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tampa, FL 33611 000060244420 10/05/05--01010--001 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RABIN, THERESA 3120 SANTORINI CT. TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Toner, Teana 3122 Santorini Ct. Tampa, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEILAN, JENNIFER 3105 SANTORINI CT. TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ritzenthaler, Jason 3111 Santorini Ct. Tampa, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tampa, FL 33611 <i>[Signature]</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>[Signature]</i> <i>Roddy Clarke</i> 9-29-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							