

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005582

FILED  
Jan 28, 2007  
Secretary of State

Entity Name: THE VILLAS AT BALLAST POINT TOWNHOUSES ASSOCIATION, INC.

**Current Principal Place of Business:**

3115 SANTORINI CT  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

3115 SANTORINI CT  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number: 14-1877300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLARKE, RODDY D  
VILLAS AT BALLAS POINT - HOA  
3115 SANTORINI CT  
TAMPA, FL 33611 US

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

COLVIN, JUSTIN M  
VILLAS AT BALLAS POINT - HOA  
3115 SANTORINI CT  
TAMPA, FL 33611 US

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: JUSTIN M COLVIN

01/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GIVENS, CHRIS  
Address: 3130 SANTORINI CT  
City-St-Zip: TAMPA, FL 33611

Title: V ( ) Delete  
Name: MORALES, LESTER  
Address: 3131 SANTORINI CT  
City-St-Zip: TAMPA, FL 33611

Title: T ( ) Delete  
Name: CLARKE, RODDY  
Address: 3132 SANTORINI CT.  
City-St-Zip: TAMPA, FL 33611

Title: S ( ) Delete  
Name: TONER, TEANA  
Address: 3122 SANTORINI CT.  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: RITZENTHALER, JASON  
Address: 3111 SANTORINI CT.  
City-St-Zip: TAMPA, FL 33611

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

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

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

Title: T (X) Change ( ) Addition  
Name: COLVIN, JUSTIN  
Address: 3129 SANTORINI CT.  
City-St-Zip: TAMPA, FL 33611

Title: S (X) Change ( ) Addition  
Name: TONER, TEANA  
Address: 1002 N. 26TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUSTIN M COLVIN

T

01/28/2007

Electronic Signature of Signing Officer or Director

Date