

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2009
Secretary of State**

DOCUMENT# N02000005582

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:

COLVIN, JUSTIN M
VILLAS AT BALLAS POINT - HOA
3115 SANTORINI CT
TAMPA, FL 33611 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: 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: COLVIN, JUSTIN
Address: 3129 SANTORINI CT.
City-St-Zip: TAMPA, FL 33611

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

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: () 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: JUSTIN COLVIN

Electronic Signature of Signing Officer or Director

T

03/22/2009

Date