

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 21, 2006
Secretary of State**

DOCUMENT# N26422

Entity Name: THE PAVILLIONS AT BALLAST POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6306 S. MACDILL AVENUE
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

6306 S. MACDILL AVENUE
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 59-2849962 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHAPMAN, JACQUELINE M
6306 S. MACDILL AVE.
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: PD () Delete
Name: CHAPMAN, JACQUELINE M
Address: 6306 S. MACDILL AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: D () Delete
Name: KELLEHER, JAMES
Address: 6306 S. MACDILL AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: D () Delete
Name: KELLEHER, THOMAS
Address: 6306 S. MACDILL AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: D () Delete
Name: KELLEHER, KATHLEEN
Address: 6306 S MACDILL AVE
City-St-Zip: TAMPA, FL 33611 US

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:

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: JACQUELINE M. CHAPMAN

PD

03/21/2006

Electronic Signature of Signing Officer or Director

_____ Date