

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90218 011 ****61.25

DOCUMENT # N00000004141

1. Entity Name
BALLENTYNE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 32703-4857 US**

Mailing Address
**2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 32703-4857 US**

50014340



01092006 Chg-NP CR2E037 (11/05)

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
59-3667149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANAGA, MERIDYTHE
2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 32703-4857**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
COHEN, RICHARD
3627 W. SUPREME COURT
APOPKA, FL 32703** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
COHEN, ESTHER
3627 W. SUPREME COURT
APOPKA, FL 32703** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
GREEN, ROBERT
1305 BALLENTYNE PLACE
APOPKA, FL 32703** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GREEN, ROBERT
1305 BALLENTYNE PLACE
APOPKA, FL 32703** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
GHINGOLD, PHYLLIS
1357 BALLENTYNE PLACE
APOPKA, FL 32703** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
HAMLET, KAREN
1373 BALLENTYNE PLACE
APOPKA, FL 32703** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SOREMI, MODUPE
1349 BALLENTYNE PLACE
APOPKA, FL 32703** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUSSELL, CHRISTINA
1341 BALLENTYNE PLACE
APOPKA, FL 32703** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIEDD, KERRY
3626 W. SUPREME COURT
APOPKA, FL 32703** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Modupe Soremi **Modupe Soremi** 3/16/06 407-862-2292

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #