

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004141

FILED
Apr 11, 2008
Secretary of State

Entity Name: BALLENTYNE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 327034857 US

New Principal Place of Business:

Current Mailing Address:

2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 327034857 US

New Mailing Address:

FEI Number: 59-3667149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANAGA, MERIDYTHE
2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 327034857 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: DVP () Delete
Name: SMOLIN, SERGEY
Address: 1369 BALLENTYNE PLACE
City-St-Zip: APOPKA, FL 32703 US

Title: DP () Delete
Name: KAREN, HAMLET
Address: 1373 BALLENTYNE PLACE
City-St-Zip: APOPKA, FL 32703 US

Title: DT () Delete
Name: SHAMS, MINDY
Address: 1301 BALLENTYNE PLACE
City-St-Zip: APOPKA, FL 32703 US

Title: DT () Delete
Name: FRYE, JANNETTE
Address: 1321 BALLENTYNE PLACE
City-St-Zip: APOPKA, FL 32703

Title: D (X) Delete
Name: LAZER, KAREN
Address: 1353 BALLENTYNE PLACE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: SMOLIN, LANA
Address: 1369 BALLENTYNE PLACE
City-St-Zip: APOPKA, FL 32703 US

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

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

Title: DVP (X) Change () Addition
Name: LAZER, KAREN
Address: 1353 BALLENTYNE PLACE
City-St-Zip: APOPKA, FL 32703

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: LANA SMOLIN

DS

04/11/2008

Electronic Signature of Signing Officer or Director

_____ Date