2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007650

City-St-Zip:

TAMPA, FL 33626

FILED Apr 07, 2008 Secretary of State

Entity Name: BALEARES AT WATERCHASE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 65-1135306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR HART, JAMES W JR 2180 W S.R. 434 STE 5000 SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US LONGWOOD, FL 327795044 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: JAMES W HART JR 04/07/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MESSERSMITH, MARK Name: Name: 14618 MIRASOL MANOR CT Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition JENSEN, MARK Name: FIEDLER, ERWIN Name: Address: 14525 MIRASOL MANOR CT Address: 14502 MIRASOL MANOR CT City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626 Title: () Delete Title: () Change () Addition COSTLOW, BARBARA Name: Name: 14630 MIRASOL MANOR CT Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: HOLLAND, JOHN Name: MURPHY, TONY 14606 MIRASOL MANOR CT 14629 MIRASOL MANOR CT Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626 Title: () Delete Title: (X) Change () Addition HINTERSHIED, JEN HINTERSHIED, JAMES Name: Name: 14516 MIRASOL MANOR CR 14516 MIRASOL MANOR CR Address: Address:

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.

City-St-Zip:

TAMPA, FL 33626

SIGNATURE: MARK MESSERSMITH PD 04/07/2008