

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006064

FILED
Apr 30, 2008
Secretary of State

Entity Name: LAS PALMAS AT BALLAST POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

305 S MACDILL AVE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

305 S MACDILL AVE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-2229933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, PETER
305 S MACDILL AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

PRIMA REALTY & PROPERTY MANAGEMENT
305 S MACDILL AVE
TAMPA, FL 33609 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: OLIVIA L. FORTNEY

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENNETT, PETER
Address: 305 S MACDILL AVE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: PARKER, DEREK
Address: 3908 RYALLWOOD CT
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: CAMPO, MATT
Address: 6402 W LINEBAUGH
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MATSON, ANDREW
Address: 3325 LAS CAMPOS PLACE
City-St-Zip: TAMPA, FL 33611

Title: SEC (X) Change () Addition
Name: MCKINNEY, BRUCE
Address: 1662 LONG BOW LANE
City-St-Zip: CLEARWATER, FL 33764

Title: BD (X) Change () Addition
Name: MACKENZIE, JANE
Address: 3304 LAS CAMPOS PLACE
City-St-Zip: TAMPA, FL 33611

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: ANDREW MATSON

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date