

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90007 031 ****61.25

DOCUMENT # N04000006816

1. Entity Name
BALAYE OWNER'S ASSOCIATION, INC.



Principal Place of Business
**201 N FRANKLIN ST STE 2600
TAMPA, FL 33602**

Mailing Address
**201 N FRANKLIN ST STE 2600
TAMPA, FL 33602**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
43-2055823

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'RYAN, CHRISTIAN F
2701 N ROCKY POINT DR STE 930
TAMPA, FL 33607**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
SAMAHA, STEVE
201 N FRANKLIN ST STE 2600
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'RYAN, CHRISTIAN F
2701 N ROCKY POINT DRIVE, STE 930
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOYER, ROBERT
201 N FRANKLIN ST STE 2600
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06

Date

813/228-8090

Daytime Phone #