


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

47. **FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90266 003 \*\*\*\*61.25

**DOCUMENT # N04000008394**

1. Entity Name  
**STRAITON AT BALLANTRAE TOWNHOME ASSOCIATION, INC.**



Principal Place of Business  
**220 S FRANKLIN STREET  
 TAMPA, FL 33602**

Mailing Address  
**220 S FRANKLIN STREET  
 TAMPA, FL 33602**

00040061



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192005 Chg-NP CR2E037 (10/03)

8. Name and Address of Current Registered Agent

**MEZER, STEVEN H  
 4904 EISENHOWER BLVD SUITE 150  
 TAMPA, FL 33634**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>COLLINS, THERESA L</b>	
STREET ADDRESS	<b>4904 EISENHOWER BLVD SUITE 150</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33634</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>TURBEVILLE, LISA</b>	
STREET ADDRESS	<b>4904 EISENHOWER BLVD SUITE 150</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33634</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, LEE R</b>	
STREET ADDRESS	<b>4904 EISENHOWER BLVD SUITE 150</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33634</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without like empowered.

SIGNATURE: Lee R. Thompson, Dir. & President 4-20-05 813 290-7900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year/Phone #