

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N26422

FILED  
Feb 27, 2003  
Secretary of State

**Entity Name:** THE PAVILLIONS AT BALLAST POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6306 S. MACDILL AVENUE  
TAMPA, FL 336113493

**New Principal Place of Business:**

**Current Mailing Address:**

6306 S. MACDILL AVENUE  
TAMPA, FL 336113493

**New Mailing Address:**

FEI Number: 59-2849962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAPMAN, JACQUELINE M  
6306 S. MACDILL AVE.  
TAMPA, FL 33611 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: PD ( ) Delete  
Name: CHAPMAN, JACQUELINE M  
Address: 6306 S. MACDILL AVENUE  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: KELLEHER, JAMES  
Address: 6306 S. MACDILL AVENUE  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: KELLEHER, THOMAS  
Address: 6306 S. MACDILL AVENUE  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: KELLEHER, KATHLEEN  
Address: 6306 S MACDILL AVE  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACQUELINE M. CHAPMAN

PD

02/27/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date