

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27152

**FILED**  
**Aug 23, 2004**  
**Secretary of State****Entity Name:** BALLAST POINT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5220 S RUSSELL ST., #32  
TAMPA, FL 33611 US**New Principal Place of Business:**2815 PRICE AVE  
TAMPA, FL 33611 US**Current Mailing Address:**P.O. BOX 130677  
TAMPA, FL 33681 US**New Mailing Address:****FEI Number:** 59-2941950**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GIAMILTON, ANTHONY  
5220 S RUSSELL ST., #32  
TAMPA, FL 33611 US**Name and Address of New Registered Agent:**MILLER, JERRY R  
2815 PRICE AVE  
TAMPA, FL 33611 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: JERRY R MILLER

08/23/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: AUBREY, AMANDA  
Address: 2913 PEARL AVE  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: HIGGINS, MELANIE  
Address: 2916 W PEARL AVE  
City-St-Zip: TAMPA, FL 33611

Title: PD ( ) Delete  
Name: WELLS, EUGENE  
Address: 6205 SANDERS DRIVE  
City-St-Zip: TAMPA, FL 33611

Title: TD ( ) Delete  
Name: HAMILTON, ANTHONY  
Address: 5220 S. RUSSELL ST., UNIT 32  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: FLYNN, SALLY  
Address: 5206 INTERBAY BLVD.  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: MUELIER, SUSAN  
Address: 5420 LYRESS LN  
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: VP (X) Change ( ) Addition  
Name: MILLER, JERRY R  
Address: 2815 PRICE AVE  
City-St-Zip: TAMPA, FL 33611

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

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

Title: D (X) Change ( ) Addition  
Name: MULLER, SUSAN  
Address: 5420 LYRESS LN  
City-St-Zip: TAMPA, FL

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: JERRY R MILLER

VP

08/23/2004

Electronic Signature of Signing Officer or Director

Date