2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N27152

Entity Name: BALLAST POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2815 PRICE AVE
TAMPA, FL 33611 US

New Principal Place of Business:

2916 W. PEARL 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 ( )**

Name and Address of Current Registered Agent:

MILLER, JERRY R
2815 PRICE AVE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

CRUSE, DAVID E
2916 W. PEARL 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: DAVID E. CRUSE 04/21/2005
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: VP ( ) Delete
Name: MILLER, JERRY R
Address: 2815 PRICE AVE
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 (X) Delete
Name: MULLER, 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: PD (X) Change ( ) Addition
Name: HIGGINS, MELANIE
Address: 2916 W PEARL AVE
City-St-Zip: TAMPA, FL 33611

Title: VPD (X) Change ( ) Addition
Name: MILLER, JERRY R
Address: 2815 PRICE AVE
City-St-Zip: TAMPA, FL 33611

Title: TD (X) Change ( ) Addition
Name: CRUSE, DAVID E
Address: 2916 W. PEARL AVE.
City-St-Zip: TAMPA, FL 33611

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: DAVID E. CRUSE TD 04/21/2005
Electronic Signature of Signing Officer or Director Date