2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 10, 2006 8:00 am Secretary of State DOCUMENT # N27152 1. Entity Name 04-10-2006 90308 028 ****61.25 BALLAST POINT HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 130677 TAMPA FL 33681 2916 W. PEARL AVE. **TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2941950 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 5rock buice CRUSE, DAVID E Street Address (P.O. Box Number is Not Acceptable) 2916 W. PEARL AVE. TAMPA FL 33611 Zip Code ampa 33611 8. The above named entity submits this statement for the purpose of changing its registered office of registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 2/19/04 FILE NOW: FEE IS \$61.25 Due By May 1, 2006 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D Change TITLE Addition TITLE ☐ Delete AUBREY, AMANDA NAME NAME 2913 PEARL AVE STREET ADDRESS STREET ADDRESS TAMPA FL 33611 CITY-ST-ZIP CITY-ST-7IP PD ☐ Delete Addition HIGGINS, MELANIE NAME 2916 W PEARL AVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33611** CITY-ST-71P CITY-ST-ZIP [Dalete Change Addition TITLE THE same MILLER, JERRY R NAME NAME 11 STREET ADDRESS 2815 PRICE AVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33611** CITY-ST-ZIP Delete Change ■ Addition TITLE CRUSE, DAVID E NAME STREET ADDRESS 2916 W. PEARL AVE. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 CITY-ST-7IP VPO ☐ Addition TITLE Delete TITLE FLYNN, SALLY NAME NAME Same 5206 INTERBAY BLVD. STREET ADDRESS ¥ 1 STREET ADDRESS TAMPA FL 33611 CITY-ST-ZIP CITY-ST-ZIP 11 ☐ Delete ☐ Change TITLE Brock buice 2913 Leila Ave NAME STREET ADDRESS STREET ADDRESS Tampor FL 33611 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED