2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27152

FILED Apr 26, 2007 Secretary of State

Entity Name: BALLAST POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

 2916 W. PEARL AVE.
 2815 PRICE AVENUE

 TAMPA, FL 33611
 US

 TAMPA, FL 33611
 US

Current Mailing Address: New Mailing Address:

P.O. BOX 130677 TAMPA, FL 33681

US

FEI Number: 59-2941950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GUICE, BROCK
2913 LEILA AVE
TAMPA, FL 33611 US

MILLER, JERRY
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 MILLER 04/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PRES (X) Change () Addition Name: AUBREY, AMANDA Name: FLYNN, SALLY

Address: 2913 PEARL AVE Address: 5206 INTERBAY BLVD
City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

 Name:
 Name:
 WIELER, SERVIT

 Address:
 2916 W PEARL AVE
 Address:
 2815 PRICE AVE

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:
 TAMPA, FL 33611

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MILLER, JERRY R
 Name:
 GUICE, BROCK

 Address:
 2815 PRICE AVE
 Address:
 2913 LEILA AVE

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:
 TAMPA, FL 33611

Title: VPD (X) Delete Title: () Change () Addition

 Name:
 FLYNN, SALLY
 Name:

 Address:
 5206 INTERBAY BLVD.
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:

Title: TD (X) Delete Title: () Change () Addition

 Name:
 GUICE, BRUCH
 Name:

 Address:
 2913 LEILA AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 MILLER VP 04/26/2007