2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27152

FILED Apr 27, 2009 Secretary of State

| D 0 0 0 1V. | | 7.102 | | ocorciary or oracc | |
|--|---|----------------------------------|---|--|--|
| Entity Nam | ne: BALLAS | T POINT HOMEOWNERS ASS | SOCIATION, INC. | | |
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 2815 PRICE TAMPA, FL | | JS | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 2815 PRICE TAMPA, FL | | JS | | | |
| 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 | | | | of New Registered Agent: | |
| MILLER, JE 2815 PRICE TAMPA, FL | E AVE | JS | | | |
| The above in the State | | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | onic Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PRES (FLYNN, SALL 5206 INTERB TAMPA, FL 3 | AY BLVD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (MILLER, JERI 2815 PRICE A TAMPA, FL 3 | \VE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PD (GUICE, BROO 2913 LEILA A' TAMPA, FL 3 | VE | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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 R. MILLER VP 04/27/2009