


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000004048</b>	
<b>1. Entity Name</b> BALINTORE HOMEOWNER'S ASSOCIATION, INC.	

<b>Principal Place of Business</b> % 800 TARPON WOODS BLVD. PALM HARBOR, FL 34685 US	<b>Mailing Address</b> % 800 TARPON WOODS BLVD. PALM HARBOR, FL 34685 US
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05182006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3353114	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

DOUGHERTY, JOHN A  
DOUGHERTY AND ASSOCIATES, L.L.C.  
800 TARPON WOODS BLVD.  
PALM HARBOR, FL 34685

**DO NOT WRITE IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by September 6, 2006**

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

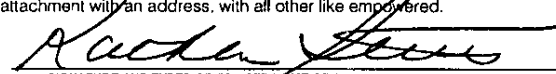
**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	KRALOWETZ, ROBERT
<b>STREET ADDRESS</b>	4435 SAWGRASS DRIVE
<b>CITY-ST-ZIP</b>	PALM HARBOR, FL 34685
<b>TITLE</b>	DVP
<b>NAME</b>	CULLEN, JUNE
<b>STREET ADDRESS</b>	3753 DORAL ST
<b>CITY-ST-ZIP</b>	PALM HARBOR, FL 34685
<b>TITLE</b>	D
<b>NAME</b>	WOLF, LOU
<b>STREET ADDRESS</b>	4355 SAWGRASS DR
<b>CITY-ST-ZIP</b>	PALM HARBOR, FL 34685
<b>TITLE</b>	DT
<b>NAME</b>	STUART, KATHY
<b>STREET ADDRESS</b>	3720 DORAL ST
<b>CITY-ST-ZIP</b>	PALM HARBOR, FL 34685
<b>TITLE</b>	DS
<b>NAME</b>	WALSH, THOMAS
<b>STREET ADDRESS</b>	4427 SAWGRASS DRIVE
<b>CITY-ST-ZIP</b>	PALM HARBOR, FL 34685
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U000005868928  
06/08/06-80002-009 61.25

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **6/8/06**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**