
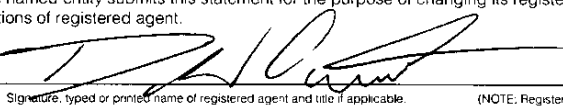
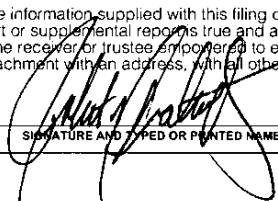


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 8:00 am
Secretary of State

01-08-2008 90004 039 ****61.25

DOCUMENT # N94000004048					
1. Entity Name BALINTORE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business % 800 TARPON WOODS BLVD. PALM HARBOR, FL 34685 US			Mailing Address % 800 TARPON WOODS BLVD. PALM HARBOR, FL 34685 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
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				7. Name and Address of New Registered Agent Name <u>DAVID W ORRISTON</u> Street Address (P.O. Box Number is Not Acceptable) <u>DOUGHERTY & ASSOCIATES LLC</u> <u>800 TARPON WOODS BLVD F-4</u> City <u>PALM HARBOR</u> <u>FL</u> Zip Code <u>34685</u>	
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 				DATE <u>1/4/08</u>	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRALOWETZ, ROBERT 4435 SAWGRASS DRIVE PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STAGLIANO, FRANK 3623 DORAL ST PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, LOU 4355 SAWGRASS DR PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SZELTNER, ANDREW 4442 SAWGRASS DR. PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALSH, THOMAS 4427 SAWGRASS DRIVE PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: 				DATE <u>1/4/08</u>	
(NOTE: Signature and typed or printed name of signing officer or director required)					