

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004048

FILED
Jan 13, 2009
Secretary of State

Entity Name: BALINTORE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

% 800 TARPON WOODS BLVD.
PALM HARBOR, FL 34685 US

New Principal Place of Business:

800 TARPON WOODS BLVD.
F-4
PALM HARBOR, FL 34685 US

Current Mailing Address:

% 800 TARPON WOODS BLVD.
PALM HARBOR, FL 34685 US

New Mailing Address:

800 TARPON WOODS BLVD.
F-4
PALM HARBOR, FL 34685 US

FEI Number: 59-3353114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTISTON, DAVID
DOUGHERTY AND ASSOCIATES, L.L.C.
800 TARPON WOODS BLVD.
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

ORMISTON, DAVID
DOUGHERTY AND ASSOCIATES, L.L.C.
800 TARPON WOODS BLVD. F-4
PALM HARBOR, FL 34685 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: DAVID ORMISTON

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KRALOWETZ, ROBERT
Address: 4435 SAWGRASS DRIVE
City-St-Zip: PALM HARBOR, FL 34685 US

Title: DVP () Delete
Name: STAGLIANO, FRANK
Address: 3623 DORAL ST
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: WOLF, LOU
Address: 4355 SAWGRASS DR
City-St-Zip: PALM HARBOR, FL 34685 US

Title: DT () Delete
Name: SZELTNER, ANDREW
Address: 4442 SAWGRASS DR.
City-St-Zip: PALM HARBOR, FL 34685

Title: DS () Delete
Name: WALSH, THOMAS
Address: 4427 SAWGRASS DRIVE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KUNSMAN, KATHLEEN
Address: 4379 SAWGRASS DR
City-St-Zip: PALM HARBOR, FL 34685 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ROBERT KRALOWETZ

DP

01/13/2009

Electronic Signature of Signing Officer or Director

Date