

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000140396

1. Entity Name
**BALLAST POINT HOMES DEVELOPMENT
CORPORATION**



Principal Place of Business
11300 FOURTH ST N, STE 200
ST PETERSBURG, FL 33716

Mailing Address
11300 FOURTH ST N, STE 200
ST PETERSBURG, FL 33716

FILED
Mar 24, 2008 08:00 A
Secretary of State



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0885045

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BALLAST POINT GROUP LLC
11300 FOURTH ST N, STE 200
ST PETERSBURG, FL 33716

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

1000000956706

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SEMBLER, M. STEVEN
11300 FOURTH ST N, STE 200
ST PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
CHADWICK, JAMES M
11300 FOURTH ST N, STE 200
ST PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KEENE, BRUCE R
11300 4TH ST. N., SUITE 200
SAINT PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

04/08/08-80041-001 150.00

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Keene

3/17/08

Date

(727) 571-9197

Daytime Phone #