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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002184 (8)

1. Corporation Name

THE BALMORAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

414 SEASAGE DRIVE
DELRAY BEACH FL 33483414 SEASAGE DRIVE
DELRAY BEACH FL 33483-67263. Date Incorporated or Qualified
05/01/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOLLENGARDEN, PETER C ESQ.
BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVE. SOUTH, 9TH FLOOR
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE
NAME HOWLAND, COURTNEY
STREET ADDRESS 414 SEASAGE DRIVE, APT. #12
CITY-ST-ZIP DELRAY BEACH FL 334831.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME WETZEL, GERRI (MAILING ADDRESS)
1.3 STREET ADDRESS 414 SEASAGE #9 917 OUCIDA #10
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33483TITLE VPD ☐ DELETE
NAME HOWLAND, NANCY P
STREET ADDRESS 414 SEASAGE DRIVE, APT. #1 & 11
CITY-ST-ZIP DELRAY BEACH FL 334832.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME GILBERT, BARBARA
STREET ADDRESS 414 SEASAGE DRIVE, APT. #6
CITY-ST-ZIP DELRAY BEACH FL 334833.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME ROGERS, JOHN
STREET ADDRESS 414 SEASAGE DRIVE, APT. #7
CITY-ST-ZIP DELRAY BEACH FL 334834.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME SHAW, SHEILA
STREET ADDRESS 414 SEASAGE DRIVE, APT. #4
CITY-ST-ZIP DELRAY BEACH FL 334835.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME HOWLAND, NANCY P
STREET ADDRESS 414 SEASAGE DRIVE, APT #7
CITY-ST-ZIP DELRAY BEACH FL 334836.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara M. Gilbert* BARBARA M. GILBERT 2.9.97 (561) 272-5470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0044726

CPZE037 (9/96)