


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90028 014 ****61.25

DOCUMENT # N95000002184 1. Entity Name THE BALMORAL ASSOCIATION, INC.			
Principal Place of Business 414 SEA SAGE DRIVE DELRAY BEACH, FL 33483 US		Mailing Address 414 SEA SAGE DRIVE DELRAY BEACH, FL 33483 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 6116 Suite, Apt. #, etc.	
City & State Zip		City & State Delray Beach, FL Zip 33482	
4. FEI Number 59-1285630		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLLENGARDEN, PETER C ESQ. BECKER & POLIAKOFF, P.A. 500 AUSTRALIAN AVE. SOUTH, 9TH FLOOR WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	VPD	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILD, CRAIG	NAME	
STREET ADDRESS	414 SEASAGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WETZELL, GERALDINE 414 SEA SAGE DRIVE DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael Bennardo 414 Seasage Drive Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VONPETEREFFY, ALEXANDRA 414 SEASAGE DRIVE DELRAY BEACH, FL 33483 <input checked="" 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	TD WETZELL, ROLF 271 BROWN BEAR CROSSING ACTON, MA 01718 <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	S GILBERT, BARBARA 414 SEA SAGE DR. DELRAY BEACH, FL 33483 <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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eric Madsen 414 Seasage Dr Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" 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 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: <i>Barbara M. Gilbert, Secretary</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/24/08 Daytime Phone #	

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