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FILED
May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002766 (1)

1. Corporation Name
BALLANTRAE YACHT CLUB, INC.



Principal Place of Business: 1800 S. AUSTRALIAN AVE., STE. 400 WEST PALM BEACH FL 33409
Mailing Address: 1800 S. AUSTRALIAN AVE., STE. 400 WEST PALM BEACH FL 33409-6444

3. Date Incorporated or Qualified: 05/24/1996
3a. Date of Last Report

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)
4. FEI Number: 65-0685494
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN
1800 S. AUSTRALIAN AVE., STE. 400
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CIRILLO, FRANK	
STREET ADDRESS	1800 S. AUSTRALIAN AVE., STE. 400	
CITY - ST - ZIP	WEST PALM BEACH FL 33409	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	VITALE, OTTO	
STREET ADDRESS	1800 S. AUSTRALIAN AVE., STE. 400	
CITY - ST - ZIP	WEST PALM BEACH FL 33409	
TITLE	DSVT	<input checked="" type="checkbox"/> DELETE
NAME	NEUBAUER, MARK	
STREET ADDRESS	1800 S. AUSTRALIAN AVE., STE. 400	
CITY - ST - ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JONATHAN RAPAPORT	
1.3 STREET ADDRESS	1800 S. AUSTRALIAN AVE, ST 400	
1.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33409	
2.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elizabeth A. Winn	
2.3 STREET ADDRESS	4000 SE Pine Valley	
2.4 CITY - ST - ZIP	Port St. Lucie, FL 34952	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary Pierce	
3.3 STREET ADDRESS	1800 S. Australian Ave # 400	
3.4 CITY - ST - ZIP	West Palm Beach, FL 33409	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)