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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600002766

BALLANTRAE YACHT CLUB, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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

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

FILED May 17, 1999 8:00 am g Secretary of State

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3. Date Incorporated or Qualifed

05/24/1996

65-0685494

4. FEI Number

Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be	City & State	9	City & State			5. Certificate of Status Desired Fee Required
8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. City 15. 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 agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. 15. Pursuant to the provisions of Sections 617 0502 and 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. 16. City 17. Pursuant to the provisions of Sections 617 0502 and 617 0503, Florida Statutes. 18. City 18. City 19. City 19. City 19. City 10. Date Registered Agent appointment as registered agent agent and the registered agent	23		28			
BRANNOCK, G. STEVEN 1800 S. AUSTRALIAN AVE., STE. 400 WEST PALM BEACH FL. 33409 192 Street Address (P.O. Box Number is Not Acceptable) 32 Street Address (P.O. Box Number is Not Acceptable) 33 3 44 City 195 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am milliar with, and accept the obligations of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am milliar with, and accept the obligations of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am milliar with, and accept the obligations of Section 617,0503, Florida Statutes. SIGNATURE 13 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. NAME 16.	Zip	Country	·			
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BRANNOCK, G. STEVEN 1800 S. AUSTRALIAN AVE., STE. 400 WEST PALM BEACH FL. 33409 44 City FL as Zip Code 17. 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 agent. I am familiar with, and accept the obligations of, Section 17,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 17,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 17,0503, Florida Statutes. SIGNATURE Signature, speed or printer name of registered agent and libe if explication. Indicate the composition of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 17,0503, Florida Statutes. SIGNATURE Signature, speed or printer name of registered agent and libe if explication. Indicate the composition of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 17,0503, Florida Statutes. Indicate the composition of Section 17,0503, Florida Statutes. Indicate the composition		Name and Address of Current F	Registered Agent			
1800 S. AUSTRALIAN AVE., STE. 400 WEST PALM BEACH FL. 33409 44 City FL. 85 Zip Code 171. 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the elapointment as registered agent, or advantaging its registered agent, or advantaging its 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 and registered agent and does not submit this statement for the purpose of changing its registered agent and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 1				81	Name	
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TI. 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 Roofala. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or private name of registered agent and like if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. TILE DP NAME RAPAPORT, JONATHAN RAPAPORT, JONATHAN 12. OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS IN 12. 13. STREET ADDRESS IN 02. 14. CITY-ST-ZP WEST PALM BEACH FL UNIN, ELIZABETH A 22. VILLEY 22. STREET ADDRESS 14. CITY-ST-ZP OV UNIN, ELIZABETH A 4000 SL. PINE VALLEY 23. STREET ADDRESS CITY-ST-ZP OV PIERCE, MARY 33. TREET ADDRESS CITY-ST-ZP TITLE DV DELETE 31. TITLE DV ONEST PALM BEACH FL OPELETE 31. TITLE DV OPER Registered Agent agenture required war reintitisting) DV ONEST PALM BEACH FL Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES	WEST PAL	M DEACH FL 33409				
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	STREET ADDRESS					
	CITY-ST-ZIP		11.7. #10 d			d in Costion 410 07/2V/i) Florida Statutes I further certify that the information

indicated on this annual report or supplies with all shall be supplied 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 op an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable