


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90033 040 ****61.25

DOCUMENT # N96000002766

1. Entity Name
BALLANTRAE YACHT CLUB, INC.



Principal Place of Business
 3325 SE BOLLONTRAE
 PORT ST. LUCIE, FL

Mailing Address
 4000 S. 57TH AVE
 SUITE 101
 LAKE WORTH, FL 33463

54062035



2. Principal Place of Business
3325 SE Ballantree

3. Mailing Address
 Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0685494

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

PROPERTY MANAGEMENT RESOURCES
4000 S. 57TH AVE
SUITE 101
LAKE WORTH, FL 33463

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	DVP CALLIS, ED	<input type="checkbox"/> Delete
STREET ADDRESS	2019 SW ORTON DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE NAME	DP RHODES, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	1646 SE BALLANTRAE BLVD N	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE NAME	DT WORTH, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	2234 SE MONTROSE LN	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE NAME	DS ADORNO, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS	1614 E. BALLENTRAE BLVD.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE NAME	D THOMPSON, DON	<input type="checkbox"/> Delete
STREET ADDRESS	2230 S.E. MONTROSE LANE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: Mike Adorno **Mike Adorno** 7/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #