


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90298 004 ****61.25

DOCUMENT # N96000002766			
1. Entity Name BALLANTRAE YACHT CLUB, INC.			
Principal Place of Business 3325 SE BALLANTREE PORT ST. LUCIE, FL		Mailing Address 4000 S. 57TH AVE SUITE 101 LAKE WORTH, FL 33463	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PROPERTY MANAGEMENT RESOURCES 4000 S. 57TH AVE SUITE 101 LAKE WORTH, FL 33463		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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	
<input type="checkbox"/> D CALLIS, ED 2019 SW ORTON DRIVE PORT SAINT LUCIE, FL 34952	<input type="checkbox"/>	<input type="checkbox"/> DVP	<input type="checkbox"/>
<input type="checkbox"/> DVP RHODES, MARK 1646 SE BALLANTRAE BLVD N PORT SAINT LUCIE, FL 34952	<input type="checkbox"/>	<input type="checkbox"/> DP	<input type="checkbox"/>
<input type="checkbox"/> OS WORTH, RICHARD 2234 SE MONTROSE LN PORT SAINT LUCIE, FL 34952	<input type="checkbox"/>	<input type="checkbox"/> D	<input type="checkbox"/>
<input checked="" type="checkbox"/> DP ADORNO, MIKE 1614 E. BALLENTRAE BLVD. PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/>	<input type="checkbox"/> DS James T Timmons 3208 SE Braemar Way Port St. Lucie, FL 34952	<input type="checkbox"/>
<input type="checkbox"/> DT THOMPSON, DON 2230 S.E. MONTROSE LANE PORT SAINT LUCIE, FL 34952	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
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 or without other like empowered.			
SIGNATURE: <u>Mark Rhodes</u>		Date: <u>4/13/05</u> Daytime Phone #: <u>(772) 398-0860</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

COMPAN
 VENDOR
 GENERAL LEDGER
 5035
 ACCOUNTING CONTROL



02082005 CR2E037 (10/03)

4. FEI Number 65-0685494 Applied For Not Applicable

*pd ck 1604
 4-15-05
 61.25*