



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90092 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	4. FEI Number 65-0685494	
				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			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		
			State 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, 2006		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	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLIS, ED		NAME	Allen, Donald	
STREET ADDRESS	2019 SW ORTON DRIVE		STREET ADDRESS	1551 Ballantree Blvd.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	Port Saint Lucie, FL 34952	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES, MARK		NAME		
STREET ADDRESS	1646 SE BALLANTRAE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORTH, RICHARD		NAME	Hildwein, John	
STREET ADDRESS	2234 SE MONTROSE LN		STREET ADDRESS	1882 SE Killian Ct	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMMONS, JAMES T.		NAME	Koornen, James	
STREET ADDRESS	3208 SE BRAEMAR WAY		STREET ADDRESS	2018 SE Oxtan Drive	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, DON		NAME	Doying, Terry	
STREET ADDRESS	2230 S.E. MONTROSE LANE		STREET ADDRESS	1616 SE Shelburnie Way	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			5-2-06		772 335 7059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #