


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90057 042 ****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

40029483



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

Zip Country Zip Country

4. FEI Number
65-0685494

Applied For
 Not Applicable

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

Filing Fee is \$61.25 Due by May 1, 2007

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	DS	<input type="checkbox"/> Delete
NAME	ALLEN, DONALD	
STREET ADDRESS	1551 BALLONTE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RHODES, MARK	
STREET ADDRESS	1646 SE BALLANTRAE BLVD N	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HILDWEIN, JOHN	
STREET ADDRESS	1332 SE KILLIAN CT	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KOERNER, JAMES	
STREET ADDRESS	2018 SE OXTON DR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DOYING, TERRY	
STREET ADDRESS	1616 SE SHELburnIE WAY	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glen Kay	
STREET ADDRESS	2224 SE Montrose Ln	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.