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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000005199**

1. Corporation Name
BALLENISLES COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
100 BALLENISLES CIRCLE PALM BEACH GARDENS FL 33418	100 BALLENISLES CIRCLE PALM BEACH GARDENS FL 33418

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	09/10/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0866504 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARY, JOHN ESQ. GARY, DYTRYCH & RYAN, P.A. 701 U.S. HIGHWAY ONE #402 NORTH PALM BEACH FL 33408	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John K. Dytrych Esq. 4/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	C, D	☒ Change ☐ Addition
NAME	BILLS, JOHN C		1.2 NAME	BILLS, JOHN C	
STREET ADDRESS	3910 RCA BOULEVARD #1011		1.3 STREET ADDRESS	3910 RCA BLVD #1011	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	☐ DELETE	2.1 TITLE	V/S, D	☒ Change ☐ Addition
NAME	BABB, WAYNE		2.2 NAME	BABB, WAYNE	
STREET ADDRESS	3910 RCA BOULEVARD #1011		2.3 STREET ADDRESS	3910 RCA BLVD # 1011	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	☐ DELETE	3.1 TITLE	P/T, D	☒ Change ☐ Addition
NAME	DAVIDSON, ROY H		3.2 NAME	DAVIDSON, ROY H	
STREET ADDRESS	303 BALLENISLES DRIVE		3.3 STREET ADDRESS	303 BALLENISLES DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental 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 on an attachment with an address, with all other like empowered

SIGNATURE: SIGNATURE REQUIRED 4/6/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #