

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90162 027 \*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                     |                                                                           |                                                                                                                                                                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N98000005199</b><br>1. Entity Name<br><b>BALLENISLES COUNTRY CLUB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                     |                                                                           |                                                                                                                                                      |                                                                              |
| Principal Place of Business<br>100 BALLENISLES CIRCLE<br>PALM BEACH GARDENS, FL 33418                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                                                                     | Mailing Address<br>100 BALLENISLES CIRCLE<br>PALM BEACH GARDENS, FL 33418 |                                                                                                                                                                                                                                       |                                                                              |
| 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<br><b>65-0866504</b>                                                                                                                                                                                                    |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                     |                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>GARY, JOHN ESQ.</b><br><b>GARY, DYTRYCH &amp; RYAN, P.A.</b><br><b>701 U.S. HIGHWAY ONE #402</b><br><b>NORTH PALM BEACH, FL 33408</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                     |                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                              |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                     |                                                                           |                                                                                                                                                                                                                                       |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                           | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                                                                                          |                                                                              |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                     |                                                                           |                                                                                                                                                                                                                                       |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                     |                                                                                                                                                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>SALTON, GEORGE</b><br><b>270 ISLE WAY</b><br><b>PALM BEACH GARDENS, FL 33418</b>             | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>S/D</b><br><b>Balsamo, Frank</b><br><b>181 SE Ashley Oaks Way</b><br><b>Stuart, FL 34987</b>                                                                                                                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VD</b><br><b>BABB, WAYNE</b><br><b>3910 RCA BOULEVARD #1011</b><br><b>PALM BEACH GARDENS, FL 33410</b>   | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>D</b><br><b>Murphy, Tom</b><br><b>104 St. Martin Drive</b><br><b>Palm Beach Gardens, FL 33418</b>                                                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SD</b><br><b>VANDER MAY, WILLIAM R</b><br><b>120 RIALTO DRIVE</b><br><b>BOYNTON BEACH, FL 33436</b>      | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>V/D</b><br><b>Babb, Wayne</b><br><b>2401 PGA Boulevard, Suite 280</b><br><b>Palm Beach Gardens, FL 33410</b>                                                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>PRIOR, TED</b><br><b>3910 RCA BLVD #1011</b><br><b>PALM BEACH GARDENS, FL 33418</b>          | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>D</b><br><b>Prior, Ted</b><br><b>2401 PGA Boulevard, Suite 280</b><br><b>Palm Beach Gardens, FL 33410</b>                                                                                                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PTD</b><br><b>DAVIDSON, ROY H</b><br><b>11 BARRICK RD.</b><br><b>PALM BEACH GARDENS, FL 33418</b>        | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>P/T/D</b><br><b>Davidson, Roy H.</b><br><b>11990 S. Edgewater Drive</b><br><b>Palm Beach Gardens, FL 33410</b>                                                                                                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>MENDELSON, RICHARD D</b><br><b>71 ST GEORGE PLACE</b><br><b>PALM BEACH GARDENS, FL 33418</b> | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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. |                                                                                                             |                                                                                     |                                                                           |                                                                                                                                                                                                                                       |                                                                              |
| <b>SIGNATURE:</b> <u>Roy H. Davidson</u> <b>ROY H. DAVIDSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                     | <b>4/29/04</b>                                                            |                                                                                                                                                                                                                                       | <b>561-625-5718</b>                                                          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                     | <small>Date</small>                                                       |                                                                                                                                                                                                                                       | <small>Daytime Phone #</small>                                               |