2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

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Entity Name: BALLENISLES COUNTRY CLUB, INC.

Current Principal Place of Business:

100 BALLENISLES CIRCLE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

100 BALLENISLES CIRCLE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-0866504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SACHS, PETER ESQ
SACHS SAX KLEIN
301 YAMTO ROAD, STE 4150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ADLER, LEE J
Address: 107 GRAND PALM WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DVP ( ) Delete
Name: WEENER, DAVID
Address: 230 GRAND POINTE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DS ( ) Delete
Name: SLOTNICK, EDWARD A MD
Address: 1034 VGRAND ISLES TERR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DT ( ) Delete
Name: SCHWARTZ, HYRNIE
Address: 54 LAGUNA TERR
City-St-Zip: PALM BEACH GARDENS, FL

Title: D ( ) Delete
Name: MURPHY, THOMAS P
Address: 104 ST MARTIN DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: BARRY, LLOYD
Address: 68 ST JAMES DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: SCHWARTZ, HYMIE
Address: 54 LAGUNA TERR
City-St-Zip: PALM BEACH GARDENS, FL

Title: D (X) Change ( ) Addition
Name: VOGEL, MIKE
Address: 110 WINDSOR POINTE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE ADLER P 04/19/2006

Electronic Signature of Signing Officer or Director — Date