N98000005199

| NO Return Address (Requestor's Name) |
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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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08 SEP 17 AM 8: 30



September 4, 2008

BALLENISLES COUNTRY CLUB, INC. 100 BALLENISLE CIRCLE PALM BEACH GARDENS, FL 33418

SUBJECT: BALLENISLES COUNTRY CLUB, INC.

Ref. Number: N98000005199

We have received your document for BALLENISLES COUNTRY CLUB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 008A00048778

SECRETARY OF STATE TALLARIDA

3008 SEP 17 AM 8: 00

HECEMEN

DICKER, KRIVOK & STOLOFF, P.A.

ATTORNEYS AT LAW

1818 AUSTRALIAN AVENUE SOUTH SUITE 400

EDWARD DICKER JAMES N. KRIVOK SCOTT A. STOLOFF LAURIE G. MANOFF JOHN R. SHEPPARD, JR. WEST PALM BEACH, FLORIDA 33409

TELEPHONE (561) 615-0123 FAX (561) 615-0128

September 15, 2008 SENT VIA REGULAR U.S. MAIL

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

BallenIsles Country Club, Inc.

Document No.: N98000005199

Dear Madam or Sir:

Enclosed is the Statement of Change of Registered Office or Registered Agent or Both For Corporations for BallenIsles Country Club, Inc., for filing with the Division of Corporations. Additionally, enclosed is the Division of Corporation's letter #008A00048778 regarding the same.

If you need any other additional information in order to comply with this request, please contact me.

Thank you for your attention to this matter.

For the Firm

cc: BallenIsles Country Club, Attention: Frank Balsamo, CFO (via Email: fbalsamo@ballenisles.com) T:\Documents\Janet\JNK\BallenIsles 2499\DivCorpChangeReg.Agent.Ltr..doc

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida. |
|---|--|
| | the corporation: BALLENISLES COUNTRY CLUB, INC. |
| | office address: 100 BALLENISLES CIRCLE, PALM BEACH GARDENS FL 33418 |
| 3. The mailing a | uddress (if different): Same as above. |
| 4. Date of incorp | poration/qualification: 09/10/1998 Document number: N98000005199 |
| | I street address of the current registered agent and registered office on file with the tenent of State: |
| | Peter Sachs, Esq. |
| | Sachs Sax Klein |
| | 301 Yamato Road, Ste. 4150, Boca Raton, FL 33431 |
| 6. The name and (if changed): | James N. Krivok, Esq. Dicker, Krivok & Stoloff, P.A. (P.O. Box NOT acceptable) 1818 Australian Avenue S., Ste. 400, West Palm Beach, FL 33409 ass of its registered office and the street address of the business office of its registered again. |
| | James N. Krivok, Esq. |
| | Dicker, Krivok & Stoloff, P.A. |
| | (P.O. Box NOT acceptable) 1818 Australian Avenue S., Ste. 400, West Palm Beach, FL 33409 |
| The street addre | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change. |
| Neg | Fred Corrado President (Printed or typed name and utile) |
| I hereby accept I further agree to of my duties, an document is bei corporation has | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
| Synce | thature of Registered Agent) (Date) |
| If signing on be | half of an entity: |
| <u></u> | yped or Printed Name) |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *