

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006205

**Entity Name:** BALLENISLES CHARITIES FOUNDATION, INC.

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**8618770390CC**

**Current Principal Place of Business:**

100 BALLENISLES CIRCLE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

100 BALLENISLES CIRCLE  
PALM BEACH GARDENS, FL 33418 US

**FEI Number: 45-2653459**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KRIVOK, JAMES NESQ  
DICKER KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVE SOUTH STE 400  
WEST PALM BEACH, FL 33409 US

*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

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name FREEMAN, MARK  
Address 107 BANYAN ISLE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name STRAUSE, BERNARD  
Address 116C PALM POINT CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR, TREASURER  
Name HORNER, KENNETH  
Address 116 ISLE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name FUNK, STEVEN  
Address 111 ST. EDWARD PLACE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR, SECRETARY  
Name GOLDWASSER, DANIEL  
Address 158 WINWARD DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name JOSEPHS, ROMA  
Address 323 SUNSET BAY LANE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name EKSTEIN, CARL  
Address 62 ST. JAMES DR.  
City-State-Zip: PALM BEACH GARDENS FL 33418

*I hereby 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 all other like empowered.*

**SIGNATURE: KENNETH HORNER**

**TREASURER**

**02/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date