### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006205

Entity Name: BALLENISLES CHARITIES FOUNDATION, INC.

FILED
Jan 19, 2024
Secretary of State
2625014595CC

# **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:

CHERRY, EDGAR & SMITH, P.A. ATTN: MELISSA M. SMITH, ESQ. 8409 NORTH MILITARY TRAIL SUITE 123 PALM BEACH GARDENS, FL 33410 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: MELISSA M. SMITH 01/19/2024

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title DIRECTOR, PRESIDENT Title VP, DIRECTOR, TREASURER

Name FREEMAN, MARK Name HORNER, KENNETH

Address 107 BANYAN ISLE DRIVE Address 116 ISLE DRIVE

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR Title VP, DIRECTOR, SECRETARY

Name EKSTEIN, CARL Name PASSOV, JODY

Address 62 ST. JAMES DR. Address 117 ORCHID CAY DRIVE

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR Title DIRECTOR, VP

Name BRILL, DIANE P Name GOLDSTEIN, CHERE

Address 108A PALM POINT CIRCLE Address 1003 GRAND ISLE WAY

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR Title DIRECTOR

Name ROFFEY, ART Name HIRSCH, ALLEN I.

Address 101 COCONUT KEY COURT Address 145 BANYAN ISLE DR.

City-State-Zip: PALM BEACH GARDENS FL 33418 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 VP 01/19/2024