

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004997

Entity Name: THE PALMS AT BALLENISLES CONDOMINIUM ASSOCIATION, INC.**FILED**
Jun 10, 2014
Secretary of State
CC1466600342**Current Principal Place of Business:**303 BALLENISLES CIRCLE
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**303 BALLENISLES CIRCLE
PALM BEACH GARDENS, FL 33418**FEI Number: 65-0638358****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BALLENISLES COMMUNITY ASSOCIATION INC.
303 BALLENISLES DR
PALM BEACH GARDENS, FL 33418 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	SECRETARY
Name	TAMBURO, CONNIE
Address	111 B PALM POINTE CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	HILCOFF, STEPHAN
Address	110-C PALM POINTE CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	PERL, STEVE
Address	108 D PALM POINT CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	TREASURER
Name	SPINOLA, JOHN
Address	109 D PALM POINT CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	PRESIDENT
Name	BRILL, DIANE
Address	108 A PALM POINT CIRCLE
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: DIANE BRILL**PRESIDENT****06/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date