FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751424 (3)

1. Corporate Name

BALLANTRAE CONDOMINIUM ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
4333 N OCEAN BLVD. DELRAY BEACH FL 33483	4333 N OCEAN BLVD DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1995685 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LADWIG, PATTI HEIDLER 1645 PALM BEACH LAKES BLVD STE 1060 W. PALM BCH FL 33401	81 Name: Deuschle & Associates, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 888 S.E. Third Ave. Suite 300 83 84 City: Ft. Lauderdale, FL 85 Zip Code 33316

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] 4/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	SCHUMANN, ROBERT	1 2 NAME	
STREET ADDRESS	4333 N. OCEAN BLVD	1 3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 0	1 4 CITY-ST-ZIP	
TITLE	VTD	2 1 TITLE	T/D ☒ Change ☐ Addition
NAME	STAHL, LAWRENCE	2 2 NAME	
STREET ADDRESS	4333 N OCEAN BLVD	2 3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	2 4 CITY-ST-ZIP	
TITLE	SD	3 1 TITLE	V/D ☒ Change ☐ Addition
NAME	PETROPOULOS, JAMES	3 2 NAME	
STREET ADDRESS	4333 N OCEAN BLVD	3 3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 0	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	S/D ☒ Change ☐ Addition
NAME	WESTWATER, SHIRLE	4 2 NAME	
STREET ADDRESS	4333 N OCEAN BLVD	4 3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 0	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	DEVANT, JAMES	5 2 NAME	
STREET ADDRESS	4333 N OCEAN BLVD	5 3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 0	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT SCHUMANN [signature] 4/28/95 276-8784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0013341