FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DELRAY BEACH FL 33483

DOCUMENT #
1. Corporation Name

751424

(3)

DELRAY BEACH FL 33483

BALLANTRAE CONDOMINIUM ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business Mailing Address 4333 N. OCEAN BLVD. 4333 N. OCEAN BLVD.



										3. Date Incorporated or Qualified 03/06/1980		te of Las		
2. Principal Place of Business					2a. Mailing Address					4. FEI Number		05/01/		
21	Wiespall Book S. Basilicas				26					59-1995685			Applied For	
	Suite. Apt. #, etc.				Suite, Apt. #, etc.					39 1993003			Not Applicable	
22					27					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State					City & State					6. Election Campaign Financing		\$5.0	00 May Be	
23					28					Trust Fund Contribution			ed to Fees	
Zip	Country			29	Zip Cou				8. This corporation has liability for intangible tax under s. 1			s. 199.032,		
24 25					30				Florida Statutes					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name														
								Name)					
DEUSCHLE & ASSOCIATES P.A.							82	2 Street Address (P.O. Box Number is Not Acceptable)						
888 S.E. THIRD AVE.							اتا	21.10	. ,	(To. Box Hambor is Not Acceptable)				
SUITE 300							83							
FT. LAUDERDALE FL 33316														
The Brooklinke () too ()							84	City			FI	85 Z	ip Code	
11. Pursuant t	o the provision	ons of S	Sections 617,0502 a	nd 61	7.1508. Florida Statute	es the	above-r	amed a	corporati	ion submits this statement for the purpos				
or registere	ed agent, or	both, ir	the State of Florida	. Such	change was authorize	ed by	the corp	oration'	s board	of directors. Thereby accept the appointr	nent as	nging its registere	registered office d agent. I am	
	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 617.0503, Florida Statutes.													
SIGNATURE _	Signature: haven	or printed	name of registered agent ar	4.1.1.						-				
12.	ognade, typed t	or piriteo	OFFICERS AND		(NOTE Registered Agent signature			required w		DATE				
TITLE	PD OFFICERS AND				Fineres					ADDITIONS/CHANGES TO OFFICE				
NAME		44141	DADERY		Претет		1.1 TITLE					Change	Addition	
	SCHUMANN, ROBERT				1.2 NA									
STREET ADDRESS	4333 N. OCEAN BLVD				1.3 SI			ADDRESS						
CITY-ST-ZIP	<u>DELRAY</u>	BEAC	H, FL O				1 4 CHY-S	- ZIP						
TITLE	TD				- ₹\oelete			21 TITLE			Ď	Change	☐ Addition	
NAME	STAHL, LAWRENCE				2 2 NA			Car		rey, Charles			f	
STREET ADDRESS	4333 N OCEAN BLVD					2 3 STAE			433	Carey, Charles 4333 N.Ocean Blud, Apt DS2				
CITY - ST - ZIP	DELRAY BCH FL				2 4 0			T - ZIP	Del	Delray Bek FL. 33483				
TITLE	VD			-	DELETE		3 1 TITLE		VD	7 DER 12. 33/83	- K	Change	Addition	
NAME	PETROPOULOS, JAMES				32 NA					lor, Jerome	_	Q ondings		
STREET ADDRESS	4333 N OCEAN BLVD				3351			ADDRESS	422	4333 N.Ocean Blud. Apt ANY				
CITY-ST-ZIP	DELRAY BEACH, FL 0								Del . Ret 15 27401					
TITLE	SD	PL710	/11, TE V		DELETE	_	3 4. C+TY - S 4 1 TITLE	1 - Z1P	200	ray Bch, FL. 33483		Change		
NAME	WESTW	ATED	SHIDI E		A	- 4			SD	tl D.16	12	Change	☐ Addition	
STREET ADDRESS	4333 N						1 2 NAME		Dur	igerath, Rolf 3 N.Ocean Bird. Apt BNS				
							1.3 STREET							
CITY-ST-ZIP TITLE	DELRAY	DEAL	n, rl u	4.4 CIT			- ZIP	Del	ray Bul, 1=2 33483					
NAME	0		-0		DELETE	•	1 TITLE					C hange	Addition	
	DEVANT, JAMES 4333 N OCEAN BLVD				5 2 NA				1791	ehart, Sarah 3 N.Ocean Blud., Apt AN	. 1			
STREET ADDRESS					53ST			CODRESS	433.	3 N.Ocean Blud., APT HN	ر			
CITY-ST-ZIF	DELRAY	H, FL 0	54			4 CITY - ST		Del	ray Bch, FL. 33483					
TITLE					DELETE	. 6	1 TITLE			, , , , , , , , , , , , , , , , , , , ,	E	Change	☐ Addition	
NAME						6	2 NAME		1				İ	
STREET ADDRESS						6	3 STREET A	DDRESS					ļ	
CITY-ST-ZIF						f	4 CITY-ST	- ZIP]	
14. I do hereby	certify that t	he info	rmation supplied wit	h this f	iling is voluntarily furni	shed a	ind does	not qu	alify for t	he exemption stated in Section 119.07(3)	ı(k). Flori	da Statut	es. 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 or on an attachment with an address.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 - (407) 276-8784 Dayline Prom