FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0047322

99 MAY 21 AM 10:45

DOCUMENT # 751424

1. Corporation 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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 03/06/1980

4. FEI Number: 59-1995685 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HOLLAND & KNIGHT LLP
ONE EAST BROWARD BLVD
ROBERT E FERRIS, JR
FT. LAUDERDALE, FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIS, JEAN		1.2 NAME	600002885706--2
STREET ADDRESS	4333 N. OCEAN BLVD		1.3 STREET ADDRESS	-05/25/99--01060--003
CITY-ST-ZIP	DELRAY BEACH, FL 0		1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	☐ DELETE	2.1 TITLE	S/D ☒ Change ☐ Addition
NAME	TAYLOR, JEROME		2.2 NAME	
STREET ADDRESS	4333 N. OCEAN BLVD., APT. AN4		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 0		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	BUNGERTOTH, ROLF		3.2 NAME	Bungeroth, Rolf (sp)
STREET ADDRESS	4333 N. OCEAN BLVD. APT. BN5		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 0		3.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	4.1 TITLE	T/D ☐ Change ☐ Addition
NAME	~~WILLIAMS, KIRK~~		4.2 NAME	Hoye, Eileen
STREET ADDRESS	~~4333 N OCEAN BLVD, C55~~		4.3 STREET ADDRESS	4333 N. Ocean Blvd, B54
CITY-ST-ZIP	~~DELRAY BEACH, FL 0~~		4.4 CITY-ST-ZIP	Delray Bch, Fl. 33483
TITLE	PD	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	CAREY, CHARLES		5.2 NAME	
STREET ADDRESS	4333 N OCEAN BLVD D52		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33489		5.4 CITY-ST-ZIP	33483
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

5/21

SIGNATURE: Charles W. Carey 5/19/99 561 276-8784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #