

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751424

1. Entity Name

BALLANTRAE CONDOMINIUM ASSOCIATION OF PALM BEACH

Principal Place of Business

4333 N. OCEAN BLVD.
DELRAY BEACH FL 33483

Mailing Address

4333 N. OCEAN BLVD.
DELRAY BEACH FL 33483-7559

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIS, JEAN 4333 N. OCEAN BLVD DELRAY BEACH, FL 0	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, JEROME 4333 N. OCEAN BLVD., APT. AN4 DELRAY BEACH, FL 0	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNGEROTH, ROLF 4333 N. OCEAN BLVD. APT. BN5 DELRAY BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOYE, EILEEN 4333 N OCEAN BLVD, B54 DELRAY BEACH FL 33483	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAREY, CHARLES 4333 N OCEAN BLVD D52 DELRAY BCH FL 33483	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Carey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 01/05/00 (561)276-8784

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90213 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)