

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90192 001 ****61.25

DOCUMENT # 751424

1. Entity Name

**BALLANTRAE CONDOMINIUM ASSOCIATION OF PALM
BEACH COUNTY, INC.**



Principal Place of Business

**4333 N. OCEAN BLVD.
DELRAY BEACH FL 33483**

Mailing Address

**4333 N. OCEAN BLVD.
DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1995685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **MILLER, JANET M**
STREET ADDRESS **4333 N OCEAN BLVD APT CS2**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **TD** ☐ Delete
NAME **GOTTFRED, RONALD E**
STREET ADDRESS **4333 N OCEAN BLVD APT AS4**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **VD** ☐ Delete
NAME **KRESKO, ROBERT**
STREET ADDRESS **4333 N. OCEAN BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Delete
NAME **AUGUSTYN, FRANK**
STREET ADDRESS **4333 N OCEAN BLVD, B54**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **PD** ☐ Delete
NAME **CAREY, CHARLES**
STREET ADDRESS **4333 N OCEAN BLVD D52**
CITY-ST-ZIP **DELRAY BCH FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Miller, Janet M.**
STREET ADDRESS **4333 N. Ocean Blvd Apt CS2**
CITY-ST-ZIP **Delray Bch, FL 33483**

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

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Augustyn, Frank**
STREET ADDRESS **4333 N. Ocean Blvd., B54**
CITY-ST-ZIP **Delray Bch, FL 33483**

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

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

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: *Frank J. Augustyn* **Frank J. Augustyn** 4/20/04 561 272 3965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #