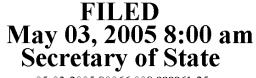
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)



1. Entity Name					Secretary of State			e	
BALLANTRAE CONDOMINIUM ASSOCIATION OF F BEACH COUNTY, INC.					05-0	3-2005 90066 009	****61.25		
Principal Plac	e 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		3. Mailing Address				Bijel ijeji bibih ijuji bibi bibil bib	I BIBLI BIBIL QUBU BUB	JIII	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/04)				
City & State		City & State		4. FEI Number 5	9-1995685	No	oplied For ot Applicable		
Zip	Zip Country Zip		Cou	nby	5. Certificate of Status Desired Search Sear				
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registered	Agent		
шог	LAND O MANOUT LLD			Name					
ONE	LLAND & KNIGHT, LLP E EAST BROWARD BLVD 'N; ROBERT E. FERRIS, JR.		Street Address (P.O. Box Number is Not Acceptable)				
	LAUDERDALE FL 33301								
			City		FL Zip Code				
	named entity submits this statement fo tions of registered agent.	r the purpose of changing it	s registere	ed office or regist	ered agent, or both, in	the State of Florida. I ar	n familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO	TE Registere	Agent signature requir	ed when reinstating)	DATE			
1	FILE NOW: FEE IS \$61.25	9. Flection Ca				\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
	Due By May 1, 2005	• • • • • • • • • • • • • • • • • • •							
10.	OFFICERS AND DIE	Trust Fund		on.	Added to Fees ADDITIONS/CHANGI		rtment of S	State	
TILE NAME STREET ADDRESS CITY-SI-ZIP		Trust Fund	11. TITLE NAM STRE	on.	Added to Fees ADDITIONS/CHANGE	Florida Depa	rtment of S	State	
TITLE NAME STREET ADDRESS	OFFICERS AND DIF D MILLER, JANET M 4333 N OCEAN BLVD APT CS2 DELRAY BEACH FL 33483 TD	Trust Fund	11. TITLE NAM STRE	on. B S T O ET ADDRESS 43 O O O O O O O O O O O O O O O O O O	Added to Fees ADDITIONS/CHANGI	Florida Depa	Introduction S	State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF D MILLER, JANET M 4333 N OCEAN BLVD APT CS2 DELRAY BEACH FL 33483 TD GOTTFRED, RONALD E	Trust Fund	11. TITLE NAM STRE CITY TITLE	on. B S TO	Added to Fees ADDITIONS/CHANGE	Florida Depa	DIRECTORS IN Change	State i 10 Addition	
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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:

4/21/05 561 276-8784