

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 751424 1. Entity Name BALLANTRAE CONDOMINIUM ASSOCIATION OF PALM BEACH COUNTY, INC.	
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Principal Place of Business 4333 N. OCEAN BLVD. DELRAY BEACH FL 33483	Mailing Address 4333 N. OCEAN BLVD. DELRAY BEACH FL 33483
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 59-1995685	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

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

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. 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 re-appointing.)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIECHEL, DOANE 4333 N OCEAN BLVD APT AN3 DELRAY BEACH FL 33483 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DERING, GARRETT 4333 N OCEAN BLVD APT CS5 DELRAY BEACH FL 33483 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRWAN, JOHN 4333 N OCEAN BLVD APT BN2 DELRAY BEACH FL 33483 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCAULL, CECILE 4333 N. OCEAN BLVD APT BN4 DELRAY BEACH FL 33483 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FREY, DAVID 4333 N OCEAN BLVD, APT CN3 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 U00000836682 03/04/08-80027-011 61.25
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 exemptions contained in Section 119, 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: *Doane F. Kiechel* *Doane F Kiechel 2/19/08 561 276-8784*