2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 751424

1. Entity Name



05-02-2003 90408 016 ****61.25

May 02, 2003 8:00 ams Secretary of State

FILED

BALLANTRAE	CONDOMINIUM	ASSOCIATION	OF	PALM	BEACH
COUNTY, INC	C.				

Principal Place of Business Mailing Address 4333 N. OCEAN BLVD. 4333 N. OCEAN BLVD. DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1995685 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOLLAND & KNIGHT, LLP Street Address (P.O. Box Number is Not Acceptable) ONE EAST BROWARD BLVD ATTN: ROBERT E. FERRIS, JR. FT. LAUDERDALE FL 33301 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution, Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD TITLE ☐ Delete TITLE Change Addition MILLER, JANET M NAME NAME STREET ADDRESS 4333 N OCEAN BLVD APT CS2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOTTFRED, RONALD E NAME NAME 4333 N OCEAN BLVD APT AS4 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-7IP TITLE TITLE . ☐ Delete Change Addition KRESKO, ROBERT NAME NAME 4333 N. OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIP Augustyn, Frank TITLE Delete TITLE Change Addition D 4333 N. Ocean Blid. HOYE. EILEEN NAME NAME 4333 N OCEAN BLVD, B54 STREET ADDRESS STREET ADDRESS Delray Beh, FL. 33483 CITY-ST-ZIP DELRAY BEACH FL 33483 CITY-ST-ZiP PD TITLE ☐ Delete TITLE □ Change ☐ Addition CAREY, CHARLES NAME NAME 4333 N OCEAN BLVD D52 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BCH FL 33483 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS 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.

azemine Charles Carey