


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90028 042 ****61.25

DOCUMENT # N05000008550 1. Entity Name BALLENISLES RESIDENTS FOR CHOICE INC.			
Principal Place of Business 116 CORAL WAY DR PALM BEACH GARDENS, FL 33418		Mailing Address 116 CORAL WAY DR PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 33053 Suite, Apt. #, etc.	
City & State PALM BEACH GARDENS, FL		4. FEI Number 841690359	
Zip 33420		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLAN, JACK H 116 CORAL WAY DR PALM BEACH GARDENS, FL 33418		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P/D NAME ROBERT B. SCHINDLER <input type="checkbox"/> Delete STREET ADDRESS 341 CORAL CAY TERRACE CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ST. B. NAME LARRY MAHONEY <input type="checkbox"/> Delete STREET ADDRESS 112 CHASEWOOD CIRCLE CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE RODNEY FILASKI <input type="checkbox"/> Delete STREET ADDRESS 110 PALM BAY CIRCLE UNIT 10C CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE BERNARD RIPPER <input type="checkbox"/> Delete STREET ADDRESS 114 PEMBROKE DR. CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Robert B. Schindler</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT B. SCHINDLER PRES		Date 2/8/06 Daytime Phone # 561-727-2525	