2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34060

FILED Mar 18, 2011 Secretary of State

Entity Name: BALLENISLES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

303 BALLENISLES DRIVE 303 BALLENISLES CIRCLE

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

Current Mailing Address: New Mailing Address:

303 BALLENISLES DRIVE 303 BALLENISLES CIRCLE

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

FEI Number: 65-0151050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ST JOHN, DAVID ESQ
ST JOHN, CORE LEMME P.A.
ST JOHN ROSSIN CORE & LEMME PLLC
1601 FORUM PLACE
WEST PALM BEACH, FL 33401 US
ST JOHN ROSSIN CORE & LEMME PLLC
1601 FORUM PLACE
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: DAVID ST JOHN 03/18/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P

Name: GREENBERG, NORMAN Address: 303 BALLENISLES DRIVE

City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VP

Name: LEVEY, LARRY

Address: 303 BALLENISLES DRIVE

City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: T

Name: GREENHOUSE, LINDA Address: 303 BALLENISLES DRIVE

City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: 5

Name: BEREN, CHARLES Address: 303 BALLEN ISLES DR

City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: C

Name: HURWIT, ROBERT Address: 303 BALLEN ISLES DR

City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: C

Name: SCHATZ, IVAN

Address: 303 BALLENISLES DRIVE

City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN GREENBERG P 03/18/2011