

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90043 049 \*\*\*\*61.25

**DOCUMENT # N47147**

1. Entity Name  
**BALLANTRAE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**3327 SE BALLANTRAE BLVD  
PORT SAINT LUCIE, FL 34952**

Mailing Address  
**3327 SE BALLANTRAE BLVD  
PORT SAINT LUCIE, FL 34952**

60013410



**DO NOT WRITE IN THIS SPACE**

02072006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**58-2075244**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BRISTOL MANAGEMENT SERVICES  
735 COLORADO AVE STE 3  
STUART, FL 34996**

**DO NOT WRITE  
IN THIS SPACE**

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. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	<del>VEROSTRATE, GARY</del> <i>Carnahan Ron</i>
STREET ADDRESS	<del>1624 SE HIGHLAND CT</del> <i>2018 Killmallee Ct.</i>
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	SD
NAME	<del>FOSTER, ROGER</del> <i>Amedeo Parisi</i>
STREET ADDRESS	<del>1640 BALLANTRAE BLVD N</del> <i>1531 Hollywood Ln.</i>
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	TD
NAME	<del>GAINES, JAMES</del> <i>Richard Worth</i>
STREET ADDRESS	<del>3217 BRAZMAN WAY</del> <i>3217 Braemar Way</i>
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	DVP
NAME	<del>CARAHAN, RON</del> <i>Foster Roger</i>
STREET ADDRESS	<del>2040 KILLMALLIE CT</del> <i>1640 Ballantrae Blvd, N</i>
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	D
NAME	<i>LYONS, ROGER</i>
STREET ADDRESS	<i>3515 CHARING CROSS LANE</i>
CITY-ST-ZIP	<i>PORT SAINT LUCIE, FL 34952</i>
TITLE	D
NAME	<del>DALY, PAUL</del> <i>Glansberg, Peter</i>
STREET ADDRESS	<del>2233 SE MORTROSE LANE</del> <i>1535 Ballantrae Ct</i>
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/9/06*

Date

Daytime Phone #