

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 31, 2005 8:00 am
Secretary of State

04-25-2005 90215 033 ****70.00

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1. Entity Name

THE PALMS AT BALLENISLES CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

21045 COMMERCIAL TRL
BOCA RATON FL 33486

Mailing Address

21045 COMMERCIAL TRL
BOCA RATON FL 33486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0638358

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM K. ISAACSON
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

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 reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, MARSHALL	
STREET ADDRESS	117A PALM POINTE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILCOFF, STEPHAN	
STREET ADDRESS	110-C PALM POINTE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	SCOTT, JACOB	
STREET ADDRESS	101 C PALM POINT CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STRAUSS, BERNARD	
STREET ADDRESS	118 C PALM POINT CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marshall Moss, Treasurer
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephan Hilcoff - Assistant
STREET ADDRESS	Treasurer
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacob Scott, President
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard Strauss, V.P.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Corean
STREET ADDRESS	114-A Palm Point Circle
CITY-ST-ZIP	PBGC, FL 33418
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #