

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004997

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE PALMS AT BALLENISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

303 BALLENISLES DR
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

303 BALLENISLES DR
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-0638358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLENISLES COOMUNITY ASSOCIATION INC.
303 BALLENISLES DR
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MOSS, MARSHALL
Address: 117A PALM POINTE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ST () Delete
Name: HILCOFF, STEPHAN
Address: 110-C PALM POINTE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: P () Delete
Name: SCOTT, JACOB
Address: 101 C PALM POINT CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Delete
Name: STRAUSS, BERNARD
Address: 116 C PALM POINT CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D (X) Delete
Name: GREAN, MICHAEL
Address: 114 A PALM PT CIR
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLE CAUTHEN

CONT

04/14/2009

Electronic Signature of Signing Officer or Director

Date