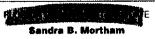
FILE NOW: FILING FEE IS 484

NONPROFIT CORPORATION ANNUAL REPORT





Secretary of State DIVISION OF CORPORATIONS

1997

N95000005037 (5) DOCUMENT #

THE PALMS AT BALLENISLES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED Mar 03 1997 8:00am Secretary of State



5752 VINTAGE OAKS CIRCLE DELRAY BEACH FL 33484		5752 VINTAGE DELRAY BEAC	OAKS CIRCLE H FL 33484-6422				
					3. Date Incorporated or Qualified 10/24/1995	3a. Date of Last R 03/29/19	eport 96
2. Principal Place of Business		2a. Mailing Ad	idress		4. FEI Number		plied For
21		26			65-0638354		ot Applicable
Suite, Apt. #, etc.		Suite, Apt.			5. Certificate of Status Desired See Required Fee Required		
City & State		}—¬ '	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees 8. This corporation has liability for Intangible tax under s. 199.032.		
Z _I p	Country	Zip 29	30	Country	This corporation has liability to Florida Statutes	r Intangible tax under s Yes DNo	. 199.032,
24 25 25 9. Name and Address of Current					10. Name and Address of New Registered Agent		
COHEN BERKE BERNSTEIN BRODIE KONDELL & LAS 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR MIAMI FL 33133				83 52	ang Maragener Idress (P.O. Box Number is Not Accepted 295 Town Center	Rd Ste 21	
,	- 44.00	_		84 City 2	oca Raton:	FL 👸 🛪	Code 3484
11. Pursuant to the provisions of Sections 617, 0502 and 617, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent I am families with a part of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am families with a part of the state of Florida Statutes. SIGNATURE Signature, typed or printed printed plane of printed printed by the corporation's board of directors. I hereby accept the appointment as registered agent and late if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.		S AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12
TITLE	SD		DELETE	1.1 TITLE		☐ Change	Addition
NAME	SUTTON, EUGENE N		1	1.2 NAME			
STREET ADDRESS	5752 VINTAGE OAKS CI		1	1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 3348			1.4 CITY - ST - ZIP		(10)	1.4486
TITLE	D	L		2.1 TITLE		Change	Addition
NAME	KONDELL, KAREN P	NO. E		22 NAME			
STREET ADDRESS	5752 VINTAGE OAKS CI			23 STREET ADDRESS	•		
CITY-ST-ZIP	DELRAY BEACH FL 3348			2. 4 CITY - ST - ZIP 3.1 TITLE		Change	Addition
TITLE	PD	L				change	Last Mathian
NAME	WEITZ, KENNETH 5752 VINTAGE OAKS CII	OCI E		3.2 NAME	•		
STREET ADDRESS	DELRAY BEACH FL 3346			3.3 STREET ADDRESS			
CITY - ST - ZIP TITLE	DELNAT DEACH FL 3340			3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
NAME		•		4, 2 NAME		 - •	
STREET ADDRESS				4.3 STREET ADDRESS			
CHTY - S1 - ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS			1	5.3 STREET ADDRESS			
CITY-S1-ZIP				5.4 CITY - ST - ZIP			,
TITLE				6.1 TITLE		Change	Addition
NAME.				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-7IF			,	6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 diffice or proration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Bigith 13 if changed or on an attachment with an address. appears in Block 12 or

SIGNATURE: