

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005037
Entity Name
 THE PALMS AT BALLENNISLES HOMEOWNERS ASSOC.

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90172 042 ****70.00

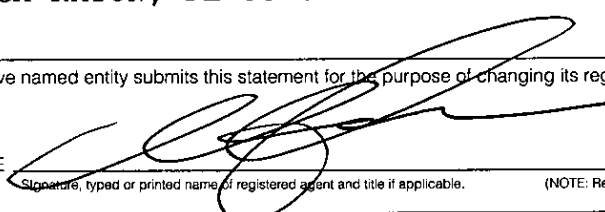
Principal Place of Business **Mailing Address**
 5752 Vintage Oaks CIRCLE 5752 Vintage Oaks C.
 DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484

2. Principal Place of Business **3. Mailing Address**
 21045 Commercial Trl 21045 Commercial Trl
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

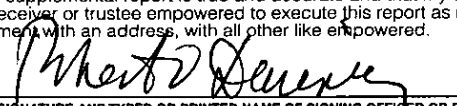
City & State **City & State** **4. FEI Number** **Applied For**
 Boca Raton, FL Boca Raton, FL 65-0638354 Not Applicable
Zip **Country** **Zip** **Country**
 33486 33486 **5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
 LANG MANAGEMENT Name
 5295 TOWN CENTER ROAD Street Address (P.O. Box Number is Not Acceptable)
 STE. 200 21045 Commercial Trail
 BOCA RATON, FL 33486 City Boca Raton FL Zip Code 33486

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.
 SIGNATURE:  DATE: 04-17-01
 (NOTE: Registered Agent signature required when reinstating)

FILE NOW: **9. Election Campaign Financing** **\$5.00 May Be** **Make Check Payable to:**
FEE IS \$61.25 Trust Fund Contribution. ☐ Added to Fees Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUTTON, EUGENE N 5752 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Deviny, Robert 1208 Palm Point Circle Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUPNICK IRWIN 104-A PLM POINTE CIR. PLM BCH GARDEN FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD Casey, John 1128 Palm Point Circle Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEITZ, KENNETH 5752 vintage oaks circle DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Silverman, Fred 103D Palm Point Circle Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **3-28-01 (561) 625-0030**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)