


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001553 (3)

1. Corporation Name

CONCERNED HOMEOWNERS ASSOCIATION OF BALEN ISLES, INC.



Principal Place of Business	Mailing Address
C/O BOOSE CASEY CIKLIN 515 N FLAGLER DR 19TH FLOOR WEST PALM BEACH FL 33401	C/O BOOSE CASEY CIKLIN 515 N FLAGLER DR 19TH FLOOR WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

65- ~~00000000~~ 0751458

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUBITZ, CHARLES A
515 N FLAGLER DR
SUITE 1700
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, or both, in 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 familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLIN, ROBERT	1.2 NAME	DELTMA, KEN
STREET ADDRESS	102 WINDWARD DR	1.3 STREET ADDRESS	164 EMERALD LN
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDELSON, RICHARD	2.2 NAME	JOSEPH, RONALD
STREET ADDRESS	71 ST GEORGE PL	2.3 STREET ADDRESS	DAS
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	2.4 CITY-ST-ZIP	323 SUNSET BAY LANE
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, JEREMIAH	3.2 NAME	DV
STREET ADDRESS	48 ST JAMES DR	3.3 STREET ADDRESS	FAIR, JERRY
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	3.4 CITY-ST-ZIP	113 WINDWARD CIRCLE
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLITSTEIN, MARLENE	4.2 NAME	DV
STREET ADDRESS	136 WINDWARD DR	4.3 STREET ADDRESS	SALTMAN, LEN
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	4.4 CITY-ST-ZIP	242 CORAL CAY LN
TITLE	DAS	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMBERG, VICKI	5.2 NAME	DV
STREET ADDRESS	158 WINDWARD DR	5.3 STREET ADDRESS	ZUCKER, MARTY
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	5.4 CITY-ST-ZIP	15 JONASSET DR
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4/17/98

(561)
175-5760

CR2E037 (10/97)