

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 04, 2005 08:00 AM  
Secretary of State

DOCUMENT # N97000001553

1. Entity Name  
CONCERNED HOMEOWNERS ASSOCIATION OF  
BALLEN ISLES, INC.



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

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



02152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0751458

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SALTMAN, LEONARD  
STREET ADDRESS 103 VICTORIA BAY COURT  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE DV  
NAME HORNSBY, CYRUS  
STREET ADDRESS 103 ST EDWARD DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE DT  
NAME SRIBERG, PAUL  
STREET ADDRESS 19 ST JAMES DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE DV  
NAME ALTMAN, KEN  
STREET ADDRESS 184 EMERALD LAKE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000251423  
03/04/05-80050-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2/15/05

Date

561-626-9170

Daytime Phone #