2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006
Secretary of State

DOCUMENT# N97000001553

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0751458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LUBITZ, CHARLES A
515 N FLAGLER DR
SUITE 1700
WEST PALM BEACH, FL 33401 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: P ( ) Delete
Name: SALTMAN, LEONARD
Address: 103 VICTORIA BAY COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DV ( ) Delete
Name: HORNSBY, CYRUS
Address: 103 ST EDWARD DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DT ( ) Delete
Name: SRIBERG, PAUL
Address: 19 ST JAMES DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DV ( ) Delete
Name: ALTMAN, KEN
Address: 184 EMERALD LAKE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SRIBERG, PAUL
Address: 19 SAINT JAMES DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

Title: DT (X) Change ( ) Addition
Name: SALTMAN, LEONARD
Address: 103 VICTORIA BAY COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL SRIBERG P 07/31/2006

Electronic Signature of Signing Officer or Director — Date