

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005199

FILED  
Apr 19, 2010  
Secretary of State

**Entity Name:** BALLENISLES COUNTRY CLUB, INC.

**Current Principal Place of Business:**

100 BALLENISLES CIRCLE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

100 BALLENISLES CIRCLE  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** 65-0866504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRIVOK, JAMES N ESQ.  
DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVE S STE 400  
WEST PALM BEACH, FL 33409 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:** D  
**Name:** ANSCHER, WILLIAM D  
**Address:** 116 SUNESEA COVE DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

**Title:** P/D  
**Name:** CORRADO, FRED  
**Address:** 13 LAGUNA COURT  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

**Title:** S/D  
**Name:** ISENSTEIN, JOSEPH F  
**Address:** 102 VICTORIA BAY COURT  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

**Title:** T/D  
**Name:** FRIDMAN, JOSEF  
**Address:** 230 CORAL CAY TERRACE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

**Title:** V/D  
**Name:** GOLDFARB, MAUREEN  
**Address:** 18 ST THOMAS DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

**Title:** D  
**Name:** KAPLAN, ROBERT  
**Address:** 102 WINDWARD DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

**SIGNATURE:** DOUGLAS KLAAS

CONT

04/19/2010

Electronic Signature of Signing Officer or Director

Date