FILED Mar 19, 2004 8:00 am Secretary of State

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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000000951 CONDOMINIUM ASSOCIATION OF CLUBSIDE VILLAS AT BALLANTRAE, INC. Principal Place of Business Mailing Address JHIY & & ZUU4 4000 5 57 TH AVE 4000 S 57TH AVE CHITE 101 SUITE 101 EAKE WORTH: FL 38463 LAKE WORTH, FL 33463 Principal Place of Business Mailing Address 1930 COMMERC SAM Suite, Apt. #, etc Suite. Apt. #, etc. 01062004 Chg-NP CR2E037 (10/03) City & State FEI Number 65-0899750 Applied For Not Applicable Country - Country \$8.75 Additional 5. Certificate of Status Desired Alm BE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PROPERTY MANAGEMENT RESOURCES Street Address (P.O. Box Number Is Not Acceptable) 4000 S 57TH AVE OMMENCO SUITE TOT LAKE WORTH FL 33463. 58 1. 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. Lam familia the obligations of registered agent. SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS 70. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TILE ☐ Change NAME ZELLER, MARTIN NAME 1533 Pristurck Lanz 9851 SW 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZP PLANTATION, FL 33324 CITY-ST-ZIP TTLE Delete TITLE UPD Audition HALPREN, ROBERT NAME NAME STREET ADDRESS 9851 SW 2ND STREET STREET ADDRESS 1544 SE Pristure CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZP Port 5+.1 TITLE -El Delete ☐ Change TITLE Addition ZELLER, BETTY NAME MAME STREET ADDRESS 9851 SW 2ND STREET STREET ADDRESS 1523 SE Pr PLANTATION, FL 33324 QITY-ST-ZIP CITY-ST-ZIP 349**53** TITLE Delete TITLE Change Addition $\tau_{\mathcal{D}}$ NAME 533 Prss STREET ADDRESS STREET ADDRESS **E**2PPE CTY-ST-ZP CITY-ST-ZIP TITLE -☐ Delete TITLE ☐ Change Audition NAME NAME STREET ADDRESS STREET ADDRESS CITY. ST- 7P CITY-51-219 TITLE Delete TITLE Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP 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 path; 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 (772) 398-9194 SIGNATURE: