

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044499 (0)

1. Corporation Name

BALLENISLES COUNTRY CLUB MANAGEMENT, INC.



Principal Place of Business

C/O KELLEY NIXON, TAX DEPARTMENT
P.O. BOX 819087
DALLAS TX 75381-9087

Mailing Address

C/O KELLEY NIXON, TAX DEPARTMENT
P.O. BOX 819087
DALLAS TX 75381-9087

3. Date Incorporated or Qualified

06/18/1993

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

75-2491571

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0509, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and state of residence

Signature typed or printed name of registered agent and state of residence

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JOHNSON, BOB
STREET ADDRESS 3030 LBJ FREEWAY SUITE 500
CITY-ST-ZIP DALLAS TX 75234 ☒ DELETE

1.1 TITLE P
1.2 NAME James Hinckley
1.3 STREET ADDRESS 3030 LBJ Frwy Ste 700
1.4 CITY-ST-ZIP Dallas, TX 75234 ☒ Change ☐ Addition

TITLE D
NAME CARROLL, MIKE
STREET ADDRESS 3030 LBJ FREEWAY SUITE 500
CITY-ST-ZIP DALLAS TX 75234 ☒ DELETE

2.1 TITLE VP
2.2 NAME Jeffrey Jahnke
2.3 STREET ADDRESS 3030 LBJ Frwy Ste 700
2.4 CITY-ST-ZIP Dallas, TX 75234 ☐ Change ☒ Addition

TITLE D
NAME RISCIGNO, JIM
STREET ADDRESS 3030 LBJ FREEWAY SUITE 500
CITY-ST-ZIP DALLAS TX 75234 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT
NAME ZAMBIE, R H
STREET ADDRESS 3030 LBJ FREEWAY, SUITE 500
CITY-ST-ZIP DALLAS TX 75234 ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeffrey Jahnke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

Day/Date/Phone #

CR2E034 (12/95)