FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90115 005 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/18/1993

FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

Mailing Address

P.O. BOX 819087

DALLAS TX 75381-9087

C/O KELLEY_NEXON: TAX DEPARTMENT

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044499

1. Corpora ion Name

Principal Place of Business C/O KELLEY NIXON. TAX DEPARTMENT

P.O. BOX 81 3087

DALLAS TX 75381-9087

BALLENISLES COUNTRY CLUB MANAGEMENT, INC.

2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Nu	nber			$\neg \neg$	Appied For
21		26					75-24	91571				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifor	ite of Status	Desired			5 Acditional Required
City & State City & Sta			ate				6. Election	- Campaign	Financing		\$5.0	0 May Be
23							l	und Contribi	-		Adde	ed to Fees
Žip	Coun ry	Zip Cour			try		8. This co	rporation ow	es the cur	rrent year I	ntangible	
24	25 29						Person	al Property	Tax.		Yes	[]No
Name and Address of Current Registered Agent							10. Name	and Addres	s of New	Registere	1 Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					Name							!
					Street Ad tress (P.O. Box Number is Not Acceptable)							
									· · · · ·			
												i
					City					F	. 85 Z	ıp Cc∙de
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above						o por	ation submit	this staten	nent for th	e 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 nereby accept the app Intiment as registered												
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE	Signature, typed or printed nan e of registered agent	ind title if applicable. (NOTI	: Registered	Agent	t signature re	qu red v	vhen reinstating)			DATE		
12.	OFFICERS AND		13.				ADDITIO	NS/CHANG	SES TO O	FFICERS /	ND DIREC	TORS IN 12
TITLE	P	☐ DELETE	1.1 T	TLE						•	Chang	ge 🗌 Addition
NAME	HINCKLEY, JAMES		1.2 NA	ME								
STREET ADDRESS			1.3 ST	REET	ADDRESS							
CITY-ST-ZIP	DALLAS TX	s /	1.4 Cf	TY-ST	r-zip		_					
TITLE	VP	DELETE	2.1 117	ΓLE		Y	\mathcal{P}				Chan	ge 🔲 Addition
NAME	JAHNKE, JEFFREY	•	2.2 NA	ME		. 7	P ACK	1up	T02 N			
STREET ADDRES S	3030 LBJ FREEWAY SUITE 500		2.3 ST	REET	ADDRESS	•	,	,				
CITY-ST-ZIP	DALLAS TX		2. 4 C	TY-S	T-ZIP							
TITLE	D	☐ DELETE	3.1 TI	TLE							Chan	ge 🗌 Addition
NAME	RISCIGNO, JIM		3.2 NAME		1							
STREET ADDRESS	030 LBJ FREEWAY SUITE 500		3.3 ST	3.3 STREET ADDRESS								
CITY-ST-ZIP	DALLAS TX 75234		3.4. C	ITY-SI	T-ZIP							
TITLE	S	☐ DELETE	4.1 Ti	ΠE							☐ Chan	ge [] Addition
NAME	TAYLOR, TERRY		4.2 N		\							Y
STREET ADDRESS	3030 LBJ FRWY		4381	REET	ADDRESS							
CITY-ST-ZIP	DALLAS TX 75234	——————————————————————————————————————	4.4 CI		r-zip							ge Addition
TITLE		☐ DELETE	51 TI		ł						☐ Chan	le Magning)
NAME			5 2 NA		ADDOESO							
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP		[] pereze	5.4 CI		1-212						☐ Chan	ge
TITLE		☐ DELETE	6.2 N									- LAGGRON
NAME					ADDRESS							
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP	ANG. AL A ALL ENGLISHED AND THE ANGELON AND TH	thin filing door not qualify fo	64 CI			in Sa	etion 110.07	(3)(i) Florid	a Statutes	I further o	virtify that th	ne information
14. 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 indicate ton 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 corporate power 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 chapted, or on an attachment with an address, with all other like empowered.												

SIGNATURE: