## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

May 06 1997 8:00am

Secretary of State

DOCUMENT # P94000046711 (5)

BALLANTRAE COUNTRY CLUB, INC.

Principal Place of Business Mailing Address 5050 HIATUS RD **5050 HIATUS ROAD** SUNRISE FL 33351-8017 SUNRISE FL 33351 3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0499365 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 VITALE, STEVEN G. 44 WEST FLAGLER ST 82 Street Address (P.O. Box Number is Not Acceptable) 14TH FLOOR 83 **MIAMI FL 33130** 84 City 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 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 18. DELETE Change Addition TITLE 1.0 TOLE VITALE, OTTO NAME 1.P NAME 1795 EAGLE TRACE BLVD STREET ADDRESS 1.8 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELETE Change Addition TITL€ 2.1 THILE DAVIS. JAMES NAME 2.P NAME **5050 HIATUS ROAD** STREET ADDRESS 2.8 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.4 TITLE 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE ☐ Change Addition TITLE 4.4 TITLE NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - Z(P DELFTE Change Addition TITLE 5.4 TITLE NAME 5.P NAME STREET ADDRESS 5.B STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 64 TITLE NAME 6.P NAME STREET ADDRESS 6.B STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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.